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THE UNIVERSITY OF ALBERTA

A COGNITIVE ANALYSIS OF THE BELIEFS AND PRACTICES SURROUNDING CHILDBIRTH: EDMONTON CHINESE COMMUNITY

by

JUDITH PETTIGREW

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER OF ARTS

IN

ANTHROPOLOGY

EDMONTON, ALBERTA

FALL 1988

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THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled A COGNITIVE ANALYSIS OF THE BELIEFS AND PRACTICES SURROUNDING CHILDBIRTH: EDMONTON CHINESE COMMUNITY submitted by JUDITH PETTIGREW in partial fulfilment of the requirements for the degree of MASTER OF ARTS in ANTHROPOLOGY.

Regna Darnell

Supervisor

David E. Young

D. Jane Penfold

Date 13 October 1988

DEDICATION

This thesis is dedicated to
my parents Vera and Stanley Pettigrew and to
my husband Ardeshir Sepehri-Borujeni

ABSTRACT

Anthropologists have frequently described beliefs and practices surrounding childbirth as shared homogeneous entities that are uniformly carried out. The resulting image is of a highly organized, rigidly adhered-to ritual, which allows for little individual variation.

In this thesis I argue that the standard anthropological approach to the ethnography of childbirth is inadequate, because it presents narrowly-defined prescribed beliefs and practices without reference to the larger context of everyday life and its practical constraints. I suggest an alternative approach, more consistent with my own data, which examines the question of interpersonal diversity and the difference between ideal and actual behaviour. The primary theoretical perspective in this thesis is cognitive.

My research into the beliefs and practices surrounding childbirth in the Edmonton Chinese community area does not support the traditional view of childbirth rituals. The picture of the ritual which has evolved from my research, indicates that, while symbolically important, the ritual is highly variable and selectively adhered to. A noticeable dichotomy between ideal behaviour and actual behaviour is also evident, particularily in relation to restrictive postpartum practices.

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Chapter I

INTRODUCTION

There is a common tendency within anthropology to portray beliefs and practices surrounding childbirth as rituals that are rigidly adhered-to and uniformly carried out. To the extent that the existence of diversity and separation between ideal and actual behaviour are recognized, the analysis of this phenomenon is often presented simplistically, and is poorly articulated. For example, Kwang-Wang (1980) suggests that variation in the Chinese ritual is dependent on socio-economic factors and availability of female relatives to assist. Pillsbury (1982) explains variation in terms of regional, rural/urban differences and socio-economic status. Studies on childbirth rituals in other societies, such as Cosminsky (1982), Manderson (1981) and Sargent, Marcucci and Elliston (1983) also appeal to socio-economic, regional, and migratory factors to explain issues relating to variation and the separation between ideal and actual behaviour.

A small number of anthropologists have attempted to provide a theoretical perspective on the separation between ideal and actual behaviour. Burling (1972), in a study of household composition among the Garo of Assam, concludes

that it is not enough to know the ideal behaviour because ideals do not predict actual behaviour. Douglas (1966), writing on the Lele of West Africa, illustrates how a series of cults allow the Lele to eat what is normally dangerous and forbidden. Writing on the concepts of ideal and actual behaviour, Richards (1969) suggests that a third category -- presumed behaviour -- should be distinguished because it influences what people actually do. She defines this phenomenon as "what members of the society think other members do" (1969:1115).

The purpose of this thesis is to examine the question of interpersonal diversity as well as separation between ideal and actual behaviour in the context of a childbirth ritual. To achieve this objective, fieldwork was carried out in the Chinese community in Edmonton between September 1987 and April 1988, and in Beijing Metropolitan area in November 1987. For methodological reasons elaborated in chapter three, the data from the China project are included in this thesis only in supplemental form. Explanations provided by anthropologists and informants to explain variation and the separation between ideal and actual behaviour are critically evaluated within the context of the research findings. Particular emphasis is paid to Wallace's (1961) organization of diversity model as a theoretical framework for analysing the data relating to variation. According to Wallace's model, each individual has her/his own cognitive map.

Interpersonal variation is therefore an expected feature of any ritual. Each individual, because of unique human experience, has different beliefs, values, and perceptions of her/his responsibilities which influence decision-making about practice of the ritual.

The order of presentation of the thesis is as follows:

Chapter two provides a review of the literature on the ethnography of childbirth as well as a review of theoretical perspectives on the separation between ideal and actual behaviour. It concludes with a discussion on interpersonal diversity.

Chapter three discusses the reasons for the selection of the thesis topic, and outlines the methodological approaches used in conducting interviews and data gathering.

Chapter four provides a summary of the history of the Chinese in Canada, and concludes with a brief section on the history of the Chinese community in Edmonton and its ethnic and linguistic diversity.

Chapter five provides an overview of Chinese medical theory and its relationship to the beliefs and practices surrounding childbirth.

Chapters six and seven constitute the main core of the thesis. The purpose of chapter six is to provide an analysis of the fieldwork findings. It includes two major

sections: (1) pregnancy observances and prescriptions, and (2) postpartum observances and prescriptions. The data presented in tables, are followed by a discussion of possible explanations for the findings.

Chapter seven critically examines the rationale suggested by anthropologists and informants to account for variation and separation between ideal and actual behaviour in the light of my data. The chapter concludes with a discussion of the motivating forces behind the childbirth ritual and its symbolic importance to informants.

The main findings of the thesis are summarized in chapter eight.

Chapter II

THEORETICAL ORIENTATION

The first part of this chapter reviews the existing literature on the ethnography of childbirth and the underlying theoretical frameworks for the thesis. The second section reviews the cognitive anthropology literature which addresses issues of separation between ideal and actual behaviour and variability.

2.1 ETHNOGRAPHY OF CHILDBIRTH

The ethnography of childbirth literature includes a few descriptions of the Chinese childbirth ritual[1] (Freid & Freid 1980; Kwang-Wang 1980 and Pillsbury 1982), as well as descriptions of similar rituals in other cultures (Cosminsky 1982; Laderman 1983; Manderson 1981; Obeyesekere 1963 and Sargent, Marcucci and Elliston 1983).

Beliefs and practices surrounding childbirth are often presented by anthropologists as homogeneous rituals which lack behavioural variability. To the extent that the existence of diversity and separation between ideal and

[1] In this thesis the term ritual refers to the prescribed rule governed behaviour which surrounds pregnancy and the postpartum period. For further discussion on the definition of ritual see Leach (1964); Lewis (1980); Nadel (1954).

actual behaviour are recognized, analysis of this phenomenon is often simplistic and poorly articulated. Freid & Freid (1980) interpret the Chinese beliefs and practices surrounding birth as rituals that are carried out uniformly by all individuals. They do not address either variation or the difference between ideal and actual behaviour. Kwang-Wang (1980), writing on midwifery in Taiwan, makes brief reference to beliefs and practices surrounding birth, and suggests that variation in the practice of "the month" is dependent on socio-economic factors and also on the access to female relatives as a support base.[2] For example, if a woman is a member of a wealthy extended family the childbirth ritual is often elaborately celebrated. If, on the other hand, she is poor or does not have female relatives to assist her during "the month", she does not observe the ritual to the same extent. Additionally, Kwang-Wang observed that husbands often take the role of assistor during birth and "the month" if no females are available. This observation is particularily relevant to my theoretical perspective as it provides an example of manipulation of this ritual in another geographical context.

Pillsbury (1982) focuses her research on beliefs and practices surrounding childbirth in Taiwan and among Chinese-Americans in the United States. She discusses

---

[2] "The month" refers to the first lunar month following birth and includes numerous observances and prescriptions relating to activity and food. (See chapters five , six and seven.)

variation and ideal and actual behaviour in relation to "the month" practices. She seeks explanations for these phenomena in regional and rural/urban differences, as well as age, education, economic status, size of family and structure. She suggests that uneducated rural women follow "the month" more closely than urban educated women, and the wealthy, in both Taiwan and the United States, more so than less well-off women. Poor women cannot afford to take a month off, neither can their families afford to spare someone to assist them during "the month". Poor women attempt to "do the month" for the first week or until necessity demands a return to work.

Pillsbury acknowledges the separation between ideal and actual behaviour. She attributes this phenomenon to a deep-seated Chinese tradition of speaking in normative statements which makes it difficult to find out what "the truth" really is. This behaviour, she believes, influenced her informants' responses. Whatever the merit of such a perspective on Chinese behaviour, Pillsbury's explanation is very prescriptive and judgemental with no attempt to provide a theoretical rationale for separation between ideal and actual behaviour.

Other studies on childbirth rituals that have been carried out in the context of other societies include Laderman (1983) and Manderson (1981) on Malaysia; Obeyesekere (1963) on Sri Lanka (Ceylon); Cosminsky (1982)

on Guatemala; and Sargent, Marcucci and Elliston (1983) on Kampuchean refugees in the United States. Obeyesekere's (1963) article on pregnancy craving (Dola-Duka) in a Sinhalese village is of particular interest. In Sinhalese society women have very low status. They are associated with ideas of pollution, subservience and submissivness and are considered to be physically and mentally weak. They are responsible for all domestic activities as well as caring for children and catering to their husbands demands; rarely do they get any relief from their never-ending cycle of chores.

Using psychoanalytic and symbolic analysis, Obeyesekere suggests that Dola-Duka is a socially sanctioned means of expressing and fulfilling the usually unmet psychological needs of village women. Dola-Duka begins during the second month of pregnacy and lasts for three months. It is a craving for certain foods and other objects that must be met, otherwise the ears of the foetus will rot. Furthermore, a person who does not fulfill a woman's cravings may lessen her/his chances of rebirth. For three months women do little work, eat expensive foods, exhibit male behaviour and make demands on their husbands. This article is of relevance to this study as it provides an example of socially institutionalized behavioural manipulation in a childbirth ritual. Although Obeyesekere does not directly address separation between ideal and

actual behaviour during pregnancy, his article illustrates how the concept of ideal behaviour can be temporarily redefined. With regard to interpersonal variation, Obeyesekere briefly mentions idiosyncrasy in relation to Dola-Duka food choices. He attributes idiosyncratic choices to individual life experiences, such as choosing a food that was a childhood favourite.

Cosminsky's (1982) article reflects similarities between the Chinese and Guatemalan cases. Cosminsky describes the beliefs and practices surrounding childbirth in two areas of Guatemala, a highland village and a lowland plantation. She concludes that the indigenous childbirth system in Guatemala, which views birth as a holistic experience involving values, social relations and the environment, is in marked contrast to the Western bio-medical model of hospitals, clinics and midwifery training programmes which have had major influences on the indigenous system. New training programmes for midwives often adversely affect the role and prestige of indigenous midwives. The midwife's role as an agent of social control and change or as a mediator between her client and the supernatural world has been increasingly downgraded and eroded. Cosminsky also notes variation in the sequence of ritual events associated with childbirth. This she attributes to socio-economic, educational and religious changes in Guatemalan society. In relation to the separation between ideal and actual

behaviour, Cosminsky acknowledges differentation in relation to dietary observances during pregnancy. However, she does not offer an explanation for this phenomenon.

Manderson (1981) writes on childbirth in cross-cultural context with special reference to Malaysia. She focuses on humoral medical beliefs and the associated dietary observances. Manderson acknowledges variability in relation to both food and other postpartum activity observances. She suggests that variation in dietary practices occurs if women are under the supervision of Western medicine or if they no longer believe in the traditional ideas. She also mentions variation in the practice of childbirth rituals in other societies such as India, Taiwan and Thailand. She does not offer any explanation for variation; instead she implies that it can be attributed to regional differentation. Nor does she address separation between ideal and actual behaviour.

Sargent, Marcucci and Elliston's (1983) research in a Kampuchean refugee community in the United States focuses on the classification of humoral beliefs and the related dietary regulations. Although there are differences, there are also areas of overlap with the Chinese categorizations of food. The authors report variation in the practice of both pregnancy and postpartum observances and prescriptions, which they attribute solely to the influences of living in the United States. For example, they report that it is not

uncommon for women to substitute the practice of roasting[3] with the consumption of alcoholic beverages which are classified as "hot". They attribute these substitutions to the influences of Western medicine as well as experiences in the refugee camps and life in the Unites States. No reference is made to the fact that variability may always have been an inherent factor in this ritual. Neither is any reference made to separation between ideal and actual behaviour.

Unlike the studies cited above, Laderman (1983) takes an approach that looks at variability and separation between ideal and actual behaviour. Laderman studied childbirth and nutrition in rural Malaysia. She illustrates how Malays, who have been seen by other writers as slaves of tradition, in fact interpret and manipulate customs. The variation in the practice of ritual does not, in Laderman's view, indicate a breakdown in the system, but rather it "is a sign of the system's inherent flexibility" (1983:211). Laderman believes that variation is often caused by subsidiary rules, which encourage experimentation, and "rules to break rules", which permit women to use culturally sahctioned means to get around difficult practices or those that they see as meaningless. She suggests the flexibility and

---

[3] "Roasting" (or "warming") is a common Southeast Asian postpartum practice. Although there is considerable variation in practice, "roasting" frequently involves the new mother lying on a wooden platform bed for certain periods of time each day under which are placed pots containing hot coals to heat her body. The period of "roasting" varies from one day to one month.

complexity of Malay society is not unique, but is commonplace in all societies. She is critical of those who, while capable of recognizing diversity and divergence between stated belief and actual behaviour in their own culture, are blind to the complexities and diversities of other societies. Laderman emphasizes that if anthropologists are to avoid presenting those they study as "automatons", they must adopt a theoretical approach that takes into account the interpretation of ideology, "rules to break rules" and modification of behaviour as common features of all cultures. Following this theoretical approach, these variations can be found if "investigators are prepared to expect them, and to search for the structures upon which variations rest" (1983:213).

Laderman's remarks are, I believe, highly relevant to my study. Like Laderman, I found that ideology did not predict behaviour. Informants frequently stated the ideal but on further questioning it became obvious that they had behaved differently. Separation between ideal behaviour and actual behaviour was most noticeable in relation to beliefs that had a spiritual basis, for example, in practices that are believed to disturb the baby's spirit, and practices that are restrictive and at variance with Western postpartum teaching.

2.2 THEORETICAL PERSPECTIVES ON THE DIVERGENCE BETWEEN IDEAL AND ACTUAL BEHAVIOUR

Frake (1961); Burling (1972); Keesing (1958); Douglas (1966); Richards (1969) and Laderman (1983) (as discussed in the previous section) are among the number of anthropologists who have made an attempt to provide a theoretical perspective on the separation between ideal and actual behaviour. Frake (1961), in an article on Subanun disease categories, provides an interesting example of separation between ideal and actual. Subanun informants are usually in agreement regarding ideal disease differentation. However, they are frequently in disagreement regarding the naming of an actual disease. For example, two informants may agree that, ideally, two types of ulcers are different. However, when examining an actual ulcer they may not agree on which category the ulcer should be placed in. Frake states:

> The "real" world of disease presents a continuum of symptomatic variation which does not fit neatly into conceptual pigeonholes (1961:130).

The disagreement does not involve the conceptual definition of a disease category. Rather, it involves the practical application on a day-to-day basis, where "real life" factors interact to confound decision-making.

Writing on household composition among the Garo of Assam, Burling concludes that it is not enough to know the ideal; ideals do not predict behaviour, nor do they reveal the true

complexities of rule manipulation. Burling studied the formation of household composition under ten residency rules. A closer examination revealed that not all households fell within the specified range. For example, one household was in clear violation of the rules, while a number of households which did fit the accepted categories had achieved their composition by totally divergent means. These observations, according to Burling, suggest that while the rules of household composition can be said to constitute an abstract system, they do not predict the composition of any particular household. Instead, these rules must be considered to "contain alternatives that allow for a broad range of final results" (1972:91).

Keesing (1958) suggests that actual behaviour approximates the norms if the norms are highly valued as being "good", "right", or "lawful". Society, Keesing writes,

> presents to the individual what he should do, the behaviours which are counted "normal", correct, desirable, in its particular cultural tradition (1958:40).

Keesing, however, admits that it is not always so straightfoward. For example, it may not always be possible to abide by all traffic laws. Douglas (1966) also makes an interesting observation in relation to the separation between ideal and actual behaviour:

> The formal ritual of public occasions teaches one set of doctrine. There is no reason to suppose that its message is necessarily consistent with those taught in private rituals, or that all

> public rituals are consistent with one another, nor all private rituals. There is no guarantee that the ritual is homogeneous (1966:166).

Douglas believes that the decision an individual makes in terms of what behaviour to adopt is random. An individual may attempt to follow the ideal behavioural rules or may weight the score according to the importance of the rites. Douglas also discusses the manner in which restrictive rules in rituals are manipulated. This is done by "rules to break rules" - rules which are not, as Douglas points out, random but are explicitly governed.

Writing on the concepts of ideal and actual behaviour, Richards (1969) suggests the necessity of accounting for presumed behaviour, as it influences what people actually do. Richards states that:

> just as a gap, great or small may exist between ideal and real behaviour, so may a gap exist between ideal and presumed behaviour and between presumed and real behaviour (1969:1115).

Richards believes that the most significant gap that must be accounted for is that between ideal and presumed behaviour. This, she suggests, is because of the role that presumed behaviour has on influencing the behaviour of others. In my research, questions relating to presumed behaviour invariably provided answers such as "we all have our own ideas and do things differently". If, as Richards suggests presumed behaviour does play a significant factor in influencing behaviour in this ritual, then the perception of

diversity may in fact encourage diversity.[4]

Although not formulated into one consistent model, separation between ideal and actual behaviour is approached in similar fashion by these writers. The following quote by Laderman (1983) can be used as a summary:

> Ideology provides the basic script, but the actors are not constrained to follow it in detail. They interpret and improvise, often by appealing to rules to break rules. Behaviour is meaningful only in context. An actors world view contains symbols that infuse events with meanings through a dialogue with empirical perceptions - a dialogue replete with insights, delusions, and ambiguities that, in the flow of events that constitutes social life, constantly modify and renew symbol systems (1983:208).

As outlined by Laderman, while the ideal provides the basic "script", people constrained by the realities of daily-life and the changing nature of systems of meaning, manipulate, interpret and improvise.

2.3 THEORETICAL PERSPECTIVES ON DIVERSITY

Questions relating to interpersonal diversity have primarily been addressed by cognitive anthropologists such as Gatewood (1985); Tyler (1969); Wallace (1961); and Wolf & Young (1983). In addition, ecologically orientated medical anthropologists such as Alland (1970) and McElroy & Townsend (1985) have paid attention to issues of variation and

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[4] While I do not feel that presumed behaviour played a significant role in my study it is interesting to note that the younger informants all presumed that the older informants had adhered more closely to the ritual than they had. An assumption that was not borne out when older informants were interviewed.

adaptability. In the following I will summarize the theoretical perspectives of these researchers. The explanatory framework provided by A.F.C. Wallace (1961) will be summarized last as it is of most interest to the theoretical approach followed by this thesis.

In an article on salmon purse seining in Alaska, Gatewood (1985) raises questions relating to individual variation, and to how knowledge and action interrelate in anthropology. From the perspective of a participant observer, Gatewood describes his own cognitive organization in relation to learning the sequential steps involved in a highly structured group activity. Gatewood also demonstrates how this organization develops in combination with skill level. He concludes that individuals build up a personal representation of their routine. Although this construct is based in part on collective representation, it is primarily individualistic. Gatewood, influenced by the work of Wallace (1961), concludes that social life does not replicate uniformity, rather, it is "a matter of orchestrating diversity" (1985:215). Individual variation in cognitive organization is evident but does not interfere with work collaboration. The nature of cognitive organization developed by a seiner is directed by practical concerns such as coordinating actions and not by shared meaning.

Tyler (1969) discusses some of the reasons for intra-cultural variation in the introductory chapter of a major text on cognitive anthropology. While acknowledging idiosyncrasy he suggests that diversity can be explained primarily by class, gender and generational variables. In agreement with Wallace (1961), he concludes that:

> Variants are not mere deviations from some assumed basic organization; with their rules of occurence they are the organization (1969:5).

Wolf & Young (1983), in an article on intra-group diversity and its management in an outlaw motorcycle club state that:

> There seems to be a growing recognition that diversity is not something to be minimized or eliminated in order to maintain group strength. Rather, diversity, if handled correctly, can be an asset (1983:59).

Wolf & Young conclude that diversity is beneficial to society because it provides flexibility. Furthermore, it can be considered to be a valuable asset because it is vital to social change and adaptability. However, unless diversity is handled properly it is also a potential threat to the survival of a group. Wolf & Young suggest that diversity must sometimes be camouflaged or compensated for to perpetuate an image of cohesivness.[5] The necessity for camouflage varies depending on the degree of perceived

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[5] I do not feel that camouflaging played a significant role in my study. The only time I observed what might be termed camouflaging was at social gatherings when to facilitate communication and understanding the childbirth ritual was discussed in homogeneous terms. The lack of camouflaging is likely related to the fact that this ritual has long accomodated diversity. Furthermore, the informants in this study do not perceive themselves or the Chinese community as a highly cohesive group.

threat to the group. For example, in the Rebels motorcycle club diversity is managed in a minimal threat situation in the context of the clubhouse by procedures such as discussion, negotiation, compromise and resolution (such as taking a vote). In a moderate threat situation such as a public bar, diversity of behaviour and opinions is regulated so that internal discord does not arise. Furthermore, an image of solidarity is presented by the use of symbolic mechanisms such as the wearing of club emblems. In a situation of considerable threat, for example, violent interactions with outsiders, diversity is completely obscured by a collective show of force.

Ecologically orientated medical anthropologists, McElroy and Townsend (1985), view variability and change in cultural systems as an adaptive strategy which provides impetus for change and

> promote[s] the effectiveness of the group or of the individual in dealing with problems, including situations that threaten the integration of the group and the study (1985:103).

McElroy and Townsend believe that variation arises because of imperfect learning and individual interpretation. As well as borrowing of beliefs and practices from other groups such as neighbours, traders, travellers, allies and enemies. In their view:

> the informational pool of a cultural system contains considerable variation. Each person learns and replicates what he or she is taught imperfectly. Young people reinterpret rules they have learned from elders in terms of their own experiences (1985:103).

McElroy and Townsend suggest that variation which occurs at the level of the individual can be explained psychologically. However, they do not attempt to provide such an explanation. Alland (1970), also a medical anthropologist, believes that variation maximizes a population's adaptive potential in the face of social or environmental change. Like McElroy and Townsend, Alland is mainly interested in variability because of its role in adaptation. He does not offer a relevant theoretical framework to explain variation.

Of most interest to the theoretical approach followed by this study is Wallace's (1961) organization of diversity model. Wallace is one of a number of anthropologists who have paid particular attention to the study of the individual, see also (Kardiner & Linton 1939; Sapir 1949). Wallace's work on issues related to the study of the individual and interpersonal diversity was influenced by developments taking place in cognitive anthropology in the late 1950's and early 1960's. In the mid 1950's interest in human thought processes, which had received minimal attention in the preceeding years, reappeared (Bock 1988). Anthropologists interested in cognition began applying methods developed in linguistics to the analysis of semantic domains (Frake 1961; Goodenough 1957; Lounsbury 1956; Wallace & Atkins 1960). Wallace's organization of diversity model was influenced by this work, the work of

interactionists such as Erving Goffman in addition to the early work of Tolman (1948) who coined the term "cognitive maps" when observing the behaviour of rats running through a maze.

In his discussion on diversity, Wallace asks the following question:

> is it necessary that all participants in a stable sociocultural system have the same "map" of the system in order that they may select the correct overt behaviors under the various relevant circumstances? (1961:27).

The answer given by Wallace is no, at least to the extent that every individual's experience is unique. Each person has a unique mental image of a complex system of "dynamically interrelated objects". This image Wallace calls the mazeway. The mazeway of any given individual consists of a large number of "assemblages" or "cognitive residues of perception". These assemblages are used by the individual as almost a complete representation of the operation of the "real" world. Wallace suggests that the mazeway may be compared to a map of a large maze, consisting of a legend and many inserts. According to Wallace three types of assemblages are represented on the map: (1) goals and pitfalls (values, or desirable and undesirable end-states); (2) the "self" and other objects (people and things); and (3) ways (plans, processes or techniques) [see Appendix A] that, according to their characteristics, may be circumvented or manipulated, to facilitate the self's

attainment or avoidance of values. These assemblages can be combined in an almost infinite variety of sequences. The mazeway of a dynamic system of perceptual assemblages contains categories such as personality, culture, society and the natural environment, which are often seen as distinct and incommensurable by the individual.

Wallace's argument is also significant from a culture change perspective. A common anthropological perspective suggests that:

> A society will fall apart and its members scatter if they are not threaded like beads on a string of common motives (Wallace 1961:24).

Anthropologists such as Honigman (1954) and Mead (1947) have espoused this viewpoint. Wallace's organization of diversity model does not support this view. Instead Wallace suggests that:

> Culture shifts in policy from generation to generation with kaleidoscopic variety and is characterized internally not by uniformity, but by diversity of both individuals and groups, many of whom are in continuous and overt conflict in one subsystem and in active cooperation in another (1961:24).

Viewed from this perspective, culture can be considered to be policy, which is created by groups and established through practices, to further interests and interaction and to organize strivings. Change is, therefore, not seen as disintegrative but as a normal realigning process which occurs over time and is created by the individuals who constitute a group.

Following this theoretical perspective, it becomes obvious that change may occur within individuals for many diverse reasons and may take many forms. Change may make individuals aware of systemic variability which has in fact always been present. This perceived increase in variability may be blamed on change. I suggest that an awareness of variability caused by change has had the impact of making my informants feel that there is more variability in the ritual today than in the past. Undoubtedly, factors such as immigration, changes in women's socio-economic and vocational status, and kinship factors have had an effect on the amount of variability. However, it may be less than informants perceive. Discussion with elderly informants and statements made by younger informants regarding relatives' behaviour indicate a long history of variability and manipulation of this ritual. The presence of variability undoubtedly contributes to the ongoing practice and symbolism of this ritual. As outlined by anthropologists such as Wolf & Young (1983), McElroy & Townsend (1985) and Alland (1970) diversity has an important role to play in social change as it provides operational flexibility and facilitates an individual's or group's ability to deal with problems. As Wolf & Young (1983) state:

> intracultural diversity is a vital resource, like variations in a gene pool, that lies at the core of social system adaptability and change (1983:70).

Wallace's mazeway model will be applied to my data to explain interpersonal variability. If, as he suggests, each individual has her/his own cognitive map, then it is to be expected that any ritual will demonstrate variability. Each individual, because of unique human experiences, has different beliefs, values, and perceptions of her/his responsibilities which influence her/his decision-making and practice of the ritual.

To conclude, the variability recorded in this thesis (see chapter six) is to be expected; without it the diversity and richness of human life is misrepresented. As Laderman (1983) states:

> We cannot allow differences in class, language, folkways, lifestyle or physical appearance to blind us to the fact that the minds of those we study are as rich, complex and variable as our own. If we do, we run the risk of constructing automatons in place of living human beings, and endowing them with only enough humanity to represent a limiting case - a case that is limited, in fact, only by an improverished model (1983:210).

In the next chapter on methodology I will discuss my reasons for selecting this thesis topic as well as outline my fieldwork in the Chinese community in Edmonton and in Beijing Metropolitan area.

Chapter III

METHODOLOGY

The first part of this chapter discusses methodological issues concerning the selection of the thesis topic. The latter part of the chapter describes the method of conducting interviews and data gathering.

3.1 SELECTION OF THESIS TOPIC

I began research in the Edmonton Chinese community in November 1986. At that time, I was involved in preliminary fieldwork on traditional Chinese herbalists in Edmonton's Chinatown, as part of a project for an ethnographic methods course. Although this project was concluded in April 1987, it provided me with an opportunity to meet and interview members of the Chinese community. It was from my experiences during this project that my thesis topic emerged.

Interpretation for the initial project was provided by my friend Nicole Dang. Nicole, who speaks both Mandarin and Cantonese, is a social worker in the Chinatown area as well as an experienced interpreter. During the project, Nicole's first baby was born. On occasion the baby accompanied us to interviews. It was her presence that first drew my

attention to the Chinese belief system surrounding childbirth. During interviews, elderly women advised Nicole on how to care for herself and her baby during the first month. For example, on occasion Nicole was scolded for going out during this time and given stern reminders about what diet she should be following. From observation of these events, discussion with Nicole and my involvement in her life as a friend, I gradually built up a picture of the beliefs and practices surrounding childbirth in the Chinese community. I became particularily interested in the beliefs and practices during pregnancy and the first month following delivery which the Chinese call "the month" which translates as Ch'o-Yuet.[6]

Through discussion with Nicole, I was surprised to learn that many of the Chinese women that Nicole knew (many of whom were also known to me) continued to hold the traditional beliefs and had attempted to follow the traditionally prescribed behaviour during "the month". I was further surprised to learn that Nicole, although she did not "do the month", expressed guilt feelings over her decision.

Originally I had thought that I would research a gender related topic for my thesis. However, my experiences during my research project, combined with my interest in health-

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[6] Cantonese terms (using the Yale Romanization of Cantonese system) are used in this thesis rather than Mandarin terms as thirteen out of fourteen informants speak Cantonese.

care and my experience in the health-care system as an occupational therapist, broadened my orientation. My final decision to select this topic was due to the experiences related above, in addition to the following:

1. As already mentioned, I have Chinese friends and acquaintances, and had carried out fieldwork in the Chinese community. However, I was largely unaware of the belief systems and rituals of the community. I was also surprised to learn that practices such as "doing the month" were not only adhered to by immigrant Chinese women, but also by Canadian-born Chinese. My interest increased when I realized that, although the Edmonton Chinese community is both large and visible, the non-Chinese community is almost totally unaware of the traditions of this community and the persistence of these traditions.

2. My initial research in this community had been a difficult experience. My inability to speak Chinese, combined with the suspiciousness of the herbalists I was studying made access difficult and progress slow. I felt these problems would be partially counteracted if I focused my research on younger women, most of whom speak English and many of whom are accustomed to the concept of research. Furthermore, I already had a significant number of contacts in this age group. Although I also hoped to interview older women, I felt that my contact with the younger age group would provide me with more natural access to the older group.

3. My previous research in the Chinese community that had focused on herbalists, while an interesting subject, did not provide me with a sense of what it is like to be an "ordinary" member of the Chinese community. I felt that studying women who do not have specialized public roles in the community might provide me with some insight into the lives of "ordinary" members of the Chinese community.

4. Anthropology professes to be the study of humankind, yet most ethnographic literature focuses on the lives of men (Quinn 1977). As Watson & Watson-Franke (1985), in a discussion on women's life histories, suggest:

> Anthropologists, like other social scientists, have been trained to listen to men first, and to see men as the more interesting and knowledgeable members of society (1985:163).

In recent years, an increasing amount of research has been directed towards studying women's lives, including work by Beck & Keddie (1978); Brown & Kerns (1985); Etienne & Leacock (1980); Reiter (1975) and Shostak (1983). The balance, however, remains gravely unequal. Watson & Watson-Franke (1985) believe that "Anthropologists have a tremendous responsibility to reverse this pattern". It is still evident from their research that most anthropologists place greater emphasis on men's lives rather than women's lives. As Watson & Watson-Franke (1985) state:

> Women's attempts to make sense of the world, apart from simply re-creating and maintaining their lives as wives and mothers, are not taken seriously by traditions and preunderstandings that view the male experience as the exemplary model (Watson & Watson-Franke 1985:162).

While data on women have been collected by anthropologists, it has often been to supplement the men's view, that is to provide the "women's view" (Langness 1965). This perspective, Watson & Watson-Franke (1985) suggest, is:

> consistent with the particular function of women in much anthropological research of providing supplementary information and/or giving insight into the "deviant" (female) aspect of a culture (1985:164).

An awareness of the male-centered tradition within anthropology and its sexist overtones encouraged me to study one aspect of women's lives in the Chinese community in Edmonton. I could be critized for selecting a domain such as childbirth which reinforces the commonly-held notion that marriage and children are expected by researchers to be "central events" in women's lives (Watson & Watson-Franke 1985). However, I do not see such domains as marriage and childbirth as the most significant "central events" in women's lives. Women's lives, like men's lives, are made up of many diverse and changing "central events". In keeping with the theoretical argument in this thesis, I suggest that the "central events" in one person's life are not necessarily the "central event" in another's, regardless of gender. Although we are influenced by our gender, first and foremost we are individuals.

5. As a graduate student in the Department of Anthropology at the University of Alberta, I was fortunate to take some courses on the relationship between culture and

the individual. Frustrated and bored by many of the ethnographies I read, which frequently presented people as unimaginative and homogeneous, I found it refreshing to be exposed to the theories of anthropologists such as A.F.C. Wallace, who emphasized the central role of the individual in society.

This, combined with my interest in the diversity and complexity of human expression, encouraged me to select for research an ethnographic domain which would allow me to focus my attention primarily on the beliefs and practices of individuals. Although prior to beginning my research I knew that I wanted to focus on the individual level, the specific theoretical framework of the thesis evolved from my interaction with informants and the nature of the data I was acquiring. In particular, the emphasis on the separation between ideal and actual behaviour stemmed from the data gathering process.

3.2 FIELDWORK

The fieldwork for this thesis was carried out in the Edmonton Chinese community between September 1987 and April 1988; and in the Beijing Metropolitan area in November 1987.

3.2.1 Fieldwork in Edmonton Chinese Community

Informants in the Chinese community in Edmonton included personal friends and acquaintances who I had met through my previous research or who were introduced to me by other friends and acquaintances. I interviewed extensively fourteen people in total, all of whom were female. Of these, eleven were between twenty and forty-five and had one or more children. Of this group, two were cousins and five were close friends. The three remaining informants were elderly women who had also been mothers - one was the mother of one of the younger informants and the aunt of another informant. In addition to these interviews, I have had many opportunities over the past year to discuss the beliefs and practices surrounding childbirth with numerous Chinese people, including a number of men. The data from these spontaneous interviews have not been included in this thesis in a formal context. On occasion, however, this data is informally referred to. Furthermore, it has served to widen my understanding of the Chinese childbirth ritual as well as to compensate for the small sample size.

Eight of the informants in this study immigrated to Canada as adults, five immigrated as children, only one was born in Canada. Places of origin include Gwongdong province, Hong Kong and Vietnam. Most informants or their families originate from the countryside surrounding Canton in Gwongdong province, although they themselves may have

arrived in Canada via Hong Kong or Vietnam. Cantonese is the first language of most informants (one informant from the People's Republic of China speaks Mandarin); most also speak English. Full interpretation was necessary in only one interview.[7] The interview that required interpretation was a group interview involving three elderly women, two of whom speak no English. The third informant acted as both participant and interpreter. In my previous research in the Chinese community I found that it was more difficult to establish rapport when interpretation was required. This problem was partially overcome in this interview as I knew one of the elderly informants, and had interviewed her for my previous project. However, the fact remained that rapport and therefore data gathering were hampered by my inability to speak Cantonese. The combination of generation gap and cultural differences did not afford me much control over the gathering of data. For example, there were several occasions when I was excluded from the conversation and then provided with only minimal explanation. On the other hand this interview was unique for other reasons. Not bound by time and pleased to be considered "experts", these women talked at length and in great detail about the beliefs and practices surrounding childbirth. This interview also provided a longitudinal and generational dimension which contributed to the evaluation of the role of culture change

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[7] In another interview the informant required periodic clarification in Chinese from her three sons who were present throughout the interview.

versus inherent variability.

3.2.2 Fieldwork in China

Data for this thesis was gathered in Beijing City and two nearby counties - Shun Yi and Huai Rou. While this opportunity was invaluable in terms of widening my fieldwork experience, it was also difficult and frustrating. My first field experience in China was in Beijing Obstetrics and Gynecology hospital where I spent three days. There it was quickly pointed out to me by the hospital staff that the traditional beliefs and practices surrounding childbirth are considered by the Chinese government and the medical professions to be non-scientific and "superstitious". However, while considerable change and modification have clearly taken place, observations and discussions with "unofficial" informants revealed that much of the old ritual has been retained, particularily in the countryside. Methodological problems abounded during the data gathering phase. For example it was difficult to ask questions concerning certain aspects of the ritual, such as those relating to spiritual beliefs and practices. Informants denied knowledge of these beliefs. Initiation of discussion on this topic evoked responses such as embarrassment, laughter, defensivness and, sometimes, efforts to change the subject or conclude the interview. The problem was confounded by the necessity of interpretation. Discomfort

regarding these matters was most obviously exhibited by the health-care officials who organized the research.[8]

On returning to Canada I attempted to analyze my fieldwork data. However, many problems soon became apparent. For example, interviews were often incomplete and inconsistancies were evident. Eventually, I decided to use this data only in supplemental form. Therefore, the data analyzed in chapters six and seven is that collected in the Edmonton Chinese community alone. On occasion, data from China are presented to provide contrast.

3.2.3 Method of Data Gathering

This section outlines the data gathering techniques employed in the Edmonton Chinese community. The methodological approach follows that suggested by Watson & Watson-Franke (1985). Writing on the data gathering process in recording life histories, these authors state:

> Since interpretation is frequently what we are concerned with in approaching the life history, we must know something about the context in which the text was evoked before we can begin to make any sense of it (1985:16).

Watson & Watson-Franke suggest that the anthropologist should provide information on nine critical issues, to facilitate the readers evaluation of the text. These issues are as follows:

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[8] It should be noted that this project, involved myself and another graduate student, all interviews regarding my thesis topic were conducted by myself.

(1) How well did the investigator know the subject[s] and what was their relationship?

(2) What were the circumstances in which the subject related his[their] life history.

(3) What inducements, persuasions, arguments and reasons did the ethnographer use to motivate the subject[s] to relate his[their] life.

(4) What, if anything did the subject[s] have to say about the data-collecting situation and its requirements and in what way did he[they] think it influenced his[their] recollection of his[their] life?

(5) What were the investigators own preconceptions about the culture, the subject[s] and the data-collecting situation and what self-perceived theoretical commitments did he[she] have that might have influenced how he[she] collected, arranged and interpreted the material?

(6) To what extent were questions used to elicit autobiographical data? What particular questions were asked?

(7) To what extent was a native interpreter used to translate the life history from the original recitation and what was his[her] role in the process of data gathering?

(8) What techniques were used to record the life history[interviews]?

(9) To what extent, if at all, has the original life history material as dictated or written down, been edited in the final presentation of the text? (1985:17 - 20)

With the exception of questions relating to interpretation and my previous relationship to informants which have already been addressed, the questions outlined by Watson & Watson-Franke will be discussed in the following section.

The method of data gathering for this thesis was personal interviews. Interviews varied in length, most lasted between one and two hours, a small number lasted longer. In several instances informants were recontacted at a later date to clarify points or for the purposes of acquiring additional information. The majority of interviews took place in informants' homes, however, one interview took place in a hospital canteen, another on a park bench and a third in a lounge at the University of Alberta. In general I found that the most conducive environment was informants' homes as they afforded greater privacy, less distraction and interruption and usually more flexibility from a time perspective. Interviews were unstructured and informal and, when acceptable to informants, were recorded by tape; notes were also taken.[9] I did not refer to a list of questions, but did prepare, prior to interviews, a mental outline of

[9] Only two interviews were not taped

what questions would be asked and in what sequence [see Appendix B]. I found that the most comprehensive approach was to begin the interview by discussing pregnancy beliefs and practices, and proceed from there to delivery and the postpartum period. This approach provided a rough guideline only. In the course of conversation, topics changed, underwent modification or evolved into something quite different. For example, during one interview a discussion on the nutritional component of "the month" evolved into a dialogue on the changing role of elders in the childbirth ritual. In another interview a similar discussion ended up focusing on Western medicine and its relationship to the ritual. I did not find it necessary to employ special techniques to acquire information as informants were eager to talk about their childbirth experiences.

I attempted to present myself to informants as informal, relaxed and non-authoritarian. All interviews involved interaction that went far beyond the asking of questions. Usually this included discussion of matters both related and unrelated to my research, for example, interaction with other family members, drinking tea, and answering questions about my research and my personal life. Of particular interest to informants was the fact that a non-Chinese person should be interested in learning about Chinese beliefs and practices. A considerable number of informants independently expressed a desire to see my completed thesis.

During interviews I attempted to be receptive to my informants' verbal and non-verbal cues, using them as guidelines to begin and end interviews, or to change the topic. I feel that my experience as a health-care professional was a considerable asset. Confident that I could establish and maintain rapport with my informants, I felt free to focus on the interaction and explore the information I was being given. I was extremely fortunate as in the majority of interviews my job as interviewer was greatly facilitated by my informants' skills as interviewees. On occasion I did worry that I would not have enough time to ask all the questions I wanted to, or that I would forget to raise important issues. When this did happen I made a conscious effort to emphasize these topics at the next interview. The ease with which interviews proceeded is due in large part to my informants interactional skills and their willingness to be interviewed.

From feedback and observation, I feel that the interviews were as positive and interesting an experience for informants as they were for me. The course that individual interviews took was highly variable and displayed considerable diversity. This is to be expected when the unique interactional structure of each interview in considered. Although the same topic was discussed in each interview, the emphasis and range of questions varied. The

nature of this method of data gathering can be further appreciated when additional influencing factors are considered; for example, the environment in which interviews took place, the interactional skill of both informants and myself, our previous personal relationship, whether interpretation was necessary and their level of comfort with being interviewed by a non-Chinese person.

Subjectivity is always a factor in fieldwork. It is evident in the choice of research topic, the gathering of data, the analysis of findings and the writing of ethnographies in general. I believe it is necessary for me to acknowledge the role of subjectivity in my thesis. For example, my interest in the study of interpersonal diversity, the individual and gender has had considerable influence on every aspect of my study, from the selecting of interview questions to the analysis and interpretation of data. Subjectivity, however, is rarely addressed by anthropologists. Given its inevitability, I suggest that a more realistic approach is to admit the role that subjectivity plays in anthropology. I do not believe that this approach negates the validity of the findings, rather, it ensures greater accountability on the part of anthropologists and makes it easier to make judgements concerning the validity and reliability of findings. It is my intention throughout this thesis to raise the issues of bias and subjectivity in an attempt to ensure greater

accountability, and to provide a contextual explanation of the process through which my findings have been reached.

The next chapter, which is on the history of the Chinese in Canada, provides a chronological review of Chinese immigration to Canada.

Chapter IV

HISTORY OF THE CHINESE IN CANADA

This chapter provides a historical review of the development of the Chinese commmunity in Canada. This summary is of relevance to my data as it helps provide a context from which to understand the regional and demographic background of the informants in my study. The history of the Chinese in Canada has been marked by discrimination and segregation. Although these patterns have changed in the last two decades, the past continues to be relevant. For example, I suggest that the lack of public awareness concerning important Chinese rituals is related in part to the survival strategy necessary in the past of maintaining strong ethnic boundaries. This chapter is also relevant from a gender and cultural persistence perspective. Chinese men first came to Canada in the 1850's. Because of government rulings it was not until the 1950's that large numbers of Chinese women were present in Canada. It is interesting to note that despite this long period of cultural dislocation, within a short period of thirty years the Chinese in Canada have reestablished normal family life and the practice of family-centered traditions and rituals.

In the first part of the chapter, I will review the history of Chinese immigrants in Canada and their relationship to Canadian society. The chapter concludes with a brief history of the Chinese community in Edmonton and its ethnic and linguistic diversity.

4.1 1858-1923

Emigration from China to Canada began in 1858 (Wickberg 1982). The original Chinese immigrants were part of a large migratory wave to various parts of the world. Today about 20 million persons of Chinese origin live outside China. The Canadian figure of approximately 200,000 people accounts for one per cent of this number (Wickberg 1982).

Emigration from China originated in response to a crisis in rural China and the expansion of western imperialism (Tan & Roy 1985). During the 18th century China's population doubled; by 1850 it had reached 430 million. In the southeastern province of Gwongdong the population pressure was especially acute. Seventy per cent of the 19th century overseas Chinese originated from Gwongdong, including the first immigrants to Canada (Tan & Roy 1985).

The expansion of Western capitalism, particularily in the tea and opium trades, and the forcible opening of the Chinese market brought deflation and recession and seriously damaged the domestic textile industry. With the

disintegration of the small rural industries, migration to the cities or overseas provided an opportunity to improve the family economy. The vast majority of Chinese emigrants were rural males. Few Chinese women emigrated. Because they were not encouraged to be independent and were betrothed early, their main role was within the family. Following marriage, their duty was to take care of their aging parents-in-law, children and households. The few married women who emigrated with their husbands found life very difficult, as they were isolated and without the support and assistance of other family members.

A small number of prostitutes also ventured overseas. Many of these women were sold by poor families in China and brought to Canada and the United States by brothel owners (de Bary Nee & de Bary Nee 1986). These women generally lived and worked in appalling conditions. According to Chan (1983), those who were forced into brothels that served the labourer population had particularily hard lives in Canada, as illustrated by the following quote:

> A woman forced into crib prostitution would work for six or eight years; at the end of her usefulness, when she was ravaged by disease, physical abuse or starvation, she was allowed to escape to the Salavation Army, the hospital or the gutter. Typically, she would be dead within six months (Chan 1983:81).[10]

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[10] According to Chan (1983), crib prostitutes lived in slatted crates, which were frequently out of doors. Generally each crib held up to six women, measured approximately twelve feet by fourteen feet and contained minimal furniture such as a bed, wash basin, mirrors and chairs.

Unfortunately, little is written of the early experiences of Chinese women in Canada. Although an attempt has been made to address women's history, the lack of documentation combined with the masculine perspective from which most historical literature on the Chinese in Canada is written makes this summary primarily a history of Chinese men in Canada.

Emigration was viewed as an economic venture whereby young men could improve their families' material base. Emigrants retained their share of the family property and, if possible, returned to China to marry and father children and to retire in old age. They also contributed financially to the building of roads and schools and the maintenance of public works in China. Large numbers remained too poor to afford periodic visits home; however, they never stopped thinking of themselves as temporary migrants (Tan & Roy 1985). The children of these married bachelors were usually brought up in China. Frequently, sons followed in their fathers' footsteps and emigrated to Canada.

The Fraser river gold rush marked the beginning of Chinese immigration to Canada. Some came in 1858 from California with the initial prospectors others followed from Hong Kong and China. By 1860 there were approximately 4,000 Chinese in British Columbia (Tan & Roy 1985). While most worked in mining, others grew and sold vegetables and or operated launderies and restaurants. By the early 1860's a small number of Chinese owned companies had been formed.

With the decline of gold mining, the Chinese worked as domestic servants, coal miners' helpers and seasonal workers. Chinese workers were popular with employers as they were inexpensive and reliable. The general public, on the other hand, was highly prejudiced. The Chinese were accused of not assimilating, of competing unfairly in the labour market and of taking money out of the country. In 1872, the British Columbia government disenfranchised the Chinese (Tan & Roy 1985).

In 1877, when tenders were called for construction of the western section of the Canadian Pacific Railway (CPR), the British Columbia government attempted to have clauses inserted into the contracts stating that Chinese workers could not be employed. The government of Canada thwarted this move because it believed that it could not dictate employment policies to contractors (Wickberg 1982).

Between 1881 and 1884, approximately 17,000 Chinese workers were imported to work on the railway. Many came from the United States, the remainder from China. According to Wickberg (1982), living and working conditions in the railway camps were very poor. Approximately 1,500 died from accidents or disease and a large unknown number returned to China (Tan & Roy 1985). The following extract from a local newspaper quoted in Berton (1971) illustrates the way of life in the camps:

> No medical attention is furnished nor apparently much interest felt for these poor creatures. We

> understand that Mr. Onderdonk [the contractor] declines interfering, while the Lee Chuck Co., that brought the Chinamen from their native land, refused, through their agent Lee Soon, who is running the Chinese gang at Emory, to become responsible for doctors and medicine (1971:203).

Camps contained 1,000 or more and included Chinese services such as stores, restaurants and barbershops. According to Wickberg (1982), there is no evidence of any organizational structures such as unions or secret societies among the Chinese at this time. This is attributed to the high turnover of workers which was, in turn, related to unsatisfactory working conditions.

As the CPR project neared its end, the Chinese began to look for other work. The coal mining industry, which had previously provided employment, refused to hire Chinese workers. With the railway completed and coal mining no longer providing opportunities, the government encouraged the Chinese to leave (Tan & Roy 1982). In 1885 a $10 head tax was imposed on all Chinese by the British Columbia government. Other restrictions, such as attempting to get the Chinese to adopt a higher standard of living, forbidding the exhuming of bodies for shipment to China and a prohibition on Chinese immigration, were also brought into effect. The government of Canada appointed a royal commission that did not uphold the government of British Columbia's decrees. However, acknowledging that large numbers of Chinese were no longer required, it imposed a $50 head tax on all Chinese entering Canada from 1886 onwards.

The head tax only reduced immigration by a few hundred people each year (Tan & Roy 1985). In 1904 the government raised the head tax to $500; this had the effect of almost completely stopping Chinese immigration. However, in 1908, rising wages, economic expansion and limitations on Japanese immigration made it worthwhile for Canadian contractors to provide head tax money to Chinese immigrants.

Chinese migration to other parts of Canada began as the completion of the CPR line neared. By 1885 most of the Chinese workers had left the camps for the west coast, the United states or the east to look for work (Chan 1983). Most of those who travelled westwards ended up in Victoria, which possessed the oldest established Chinatown in Canada. Some of those who travelled eastwards found work in the Prairie towns and cities; others ventured on towards Ontario, Quebec and the Maritimes. In each province the Chinese congregated in Chinatowns, for what Chan (1983) describes as self defence purposes. By 1911 about 30 per cent of Canada's Chinese population of 27,774 lived east of the Rockies (Tan & Roy 1985). The Chinese were most noticeable in the Prairie towns where they opened restaurants and laundries and worked as cooks and grocers (Hoe 1976). Prejudice against the Chinese was less on the Prairies than in British Columbia (Tan & Roy 1985). In centres where there were small numbers of Chinese, the local population was generally tolerant. Wickberg (1982) states

that although both Chinese and White society disapproved of intermarriage it did occur, possibly relatively frequently on the Prairies because of the large number of isolated grocery stores and restaurants operated by a single man. As the Chinese moved eastwards, the general population became increasingly susceptible to the anti-Chinese propaganda originating from British Columbia (Tan & Roy 1985).

Expression of anti-Chinese feeling included referring to the Chinese by derogatory names, refusal to accept corpses for burial and the use of violence against the community as illustrated by the following quote:

> They [whites] teased you by pulling your hair [pigtail]. They always sang in unison while doing this: "Ching Chong Chinaman, chop chop tail"...[some] were worse. They threw stones at you. Aiya, things were really bad in those days [1907]. I was too scared to go out (Wickberg 1982:153).

In 1887, riots broke out in Vancouver protesting the employment of Chinese landing crews. In 1892, Calgary's Chinese laundries were attacked after a smallpox outbreak. In 1907, a major riot protesting all Asian immigration occurred in Vancouver. The Chinese, disenfranchised in both British Columbia and Saskatchewan, were denied access to certain occupations such as law. Language tests designed to restrict Asian immigration were enforced in British Columbia. Trade unions played a significant role in agitating against the Chinese, claiming "unfair" competition in the labour market. Up to the 1920's, trade unions frequently passed anti-Chinese laws (Tan & Roy 1985).

Although the Chinese were excluded from full participation in Canadian society for economic reasons, they were also excluded on moral grounds. Manitoba, Ontario, Saskatchewan and British Columbia forbade Chinese to employ white women, reasoning that they would sell them into the slave trade or expose them to opium (Tan & Roy 1985). In addition to the above complaints, the general population portrayed Chinatowns as unsanitary, overcrowed, and immoral places (Wickberg 1982).

The Chinese response to Canadian attitudes varied. In 1881, Chinese railway workers rioted when a contractor attempted to increase his commission from their wages. In 1878, when the British Columbia government tried to extract a $10 quarterly fee from the Chinese, and in 1907 after the Vancouver riots, the Chinese called a strike and remained in Chinatown (Tan & Roy 1985). Understandedly, Chinese organizations made an early appearance in the Chinatowns of British Columbia (Wickberg:1982). The distinct differences between rural and city life for the Chinese in British Columbia led to the emergence of two kinds of organizations - the secret societies of the mining districts and the "street" associations, or Jiefang, of Victoria. According to (Wickberg 1982), the Cheekungtong was the major association in the mining towns. It fulfilled political and welfare functions for the communities. This included settling disputes, defining appropriate behaviour in brothels and gambling houses, and some economic enterprises.

The street associations, or Jiefang, were established in the cities. Besides facilitating co-operation between companies, the Jiefang organizations embarked on projects such as the establishment of the Jubilee hospital in Victoria and the organization of a house to store corpses prior to shipment of the bones to China. The trading companies played a role in maintaining contact between immigrants and their families in China, transporting mail and arranging remittances to be sent to China (Wickberg 1982).

In 1884, the Chinese Consolidated Benevolent Association of Victoria was founded. This organization, which took on legal, political and welfare roles, was the first community-wide Chinese association in Canada. From the end of the 19th century to the beginning of the second decade of the 20th century, many such organizations made their appearance. These included: political associations with interest in both Chinese and Canadian politics, community-wide associations such as the Chinese Benevolent Associations, district asociations, and clan associations which served to join together persons with a common surname. (Wickberg 1982). By 1923, Chinese Benevolent Associations had been established accross the country. Other diverse organizations flourished, which included Chinese trade unions (especially in British Columbia), youth organizations and theatrical associations (Wickberg 1982).

4.2 1923-1962

In 1923, the Canadian government passed a law which ended Chinese immigration. This law, which was not repealed until 1947, prevented expansion of the Chinese communities for 25 years (Wickberg 1982). During this period many Chinese were denied citizenship rights. Increasingly, the Chinese found themselves economically disadvantaged (Li 1988). This had the effect of encouraging the development of ethnic businesses in areas where competition with non-Chinese was unlikely, such as the laundry and restaurant businesses. Most of these businesses were small-scale and labour intensive. According to Li (1988) many of the operators and employees were transient, as illustrated by the following extract from a life history:

> I came to Moose Jaw in 1913...First I washed dishes, making $35 a month. I worked for fourteen to sixteen hours a day. I knelt down on the floor and washed the floor and washed the dining room every morning. I had a potato bag to make it easier for my knees. Then after that, I went to Simpson, at harvest time, up north, it was the CPR line. I worked on a farm. I got up at six o'clock in the morning, milked the cow, and came back to the house to cook breakfast for my boss...It was no good, so I quit. I came back to Moose Jaw to work for my brother for $50 a month for twelve hours a day. At night I scrubbed the floor and waited on tables. Then in 1918 I went back to China to get married (1988:53).

During the depression, these small businesses played an important role in assisting and employing Chinese workers. Partnerships were common and usually formed on an informal basis, as illustrated by an extract from another life history recorded by Li (1988):

> I sold it [the partnership] and went to China. There were about seven or eight of us there. They were my cousins, and so I sold my part of the business to them. So then when I came back, the restaurant was busy, and they asked me to stay and work for them. I worked for three or four months, and they asked me to become a partner [again]. (1988:54).

Partnerships were frequently formed between extended family members. In the absence of wives and children, partners relied on each other. As Li (1988) states:

> Ironically, the separation of the Chinese men from their families in China facilitated the formation of business partnerships. Such partnerships declined after the war, when the new immigration policy allowed more Chinese to bring their families to Canada (1988:55).

During the 1920's and 1930's, the composition and economic background of the Chinese began changing (Tan & Roy 1985). Although the majority of Chinese continued to be employed in the service industries, Chinese workers began to move into non-traditional areas of employment. For example, in the Maritimes some Chinese worked as longshoremen, truck drivers and construction workers. In Quebec and Ontario there were Chinese mechanics, machinists and small-scale manufacturers. On the Prairies, Chinese workers continued to gain employment in the agricultural and service industries. However, a small number began office work (Wickberg 1982). Chinese women started appearing in the labour market, mainly as textile workers, but also as office workers. This era also saw the emergence of a number of Chinese professionals. These changes were facilitated, in

part, by the growth of a small population of Canadian-born Chinese. This new generation was educated in Canadian schools, spoke English or French and had a normal sex ratio of females to males. During this period the number of Chinese requesting naturalization increased, as did the number adopting the Christian religions (Tan & Roy 1985).

Although a new generation began emerging, the majority of Chinese continued to be single males. As Wickberg (1982) states:

> For the individual Chinese, particularily the aging single man, life during this period was one of insecurity and, above all, loneliness. For those who lived in Chinatowns with a developed associational life there was an opportunity for some variety in personal relationships. But for many laundrymen and restaurant operators in the small towns or Chinese loggers and miners living together in bunkhouses, the only meaningful relationships were within the very small group that lived together (1982:152).

Separation from families and the increasing realization that a return to China was unrealistic compounded the loneliness and isolation, as illustrated by the following quotes from life histories recorded by Wickberg (1982):

> In the '20s...everyone have [sic] very big problems. Why? Because they always want to send [for] their families, to come closer with their families, to be together. But they can't, see? So everytime...this is a very sad thing (1982:153).

> I came from Toi-san my family is still in China. I always intended to go back, but I don't have enough money. I went back to China three times (1982:153).

Relationships with non-Chinese, however, were not always negative as outlined by the following quotes:

> My parents and other relatives and friends had Chinese cooks, who usually became almost members of the family and took the keenest interest in all family happenings (Wickberg 1982:155).

> When the hotel closed down, he started his own restaurant and a store as well...He always put in a bag of candy for the children with an order. He sold groceries, dry goods and kerosene...He also bought furs and hides....He acted as a banker on Saturday nights; he often cashed cheques for hundreds, even thousands of dollars. Sometimes a customer would already owe his whole cheque, or most of it before he got it....He kept many people from starving during the Depression...(Wickberg 1982:154).

Two events occurred during the years between 1937 and 1947 which marked the beginning of a new era for the Chinese in Canada. They were the outbreak of the Sino-Japanese war in 1937 and of the Second World War in 1941. The invasion of China by the Japanese in 1937 aroused popular support in Canada for the Chinese. Chinese communities across the country embarked on numerous projects and raised enormous amounts of money to assist China's war effort. Women played a particularily big part in the organization of these functions (Wickberg 1982). Demonstrations also took place at ports from where scrap metal was being shipped to Japan. In Vancouver all dealings with Japan and the local Japanese community were avoided Following the Japanese attack on Pearl harbour in 1941, Canada declared war on Japan and allied itself with China. These two events diverted hostility towards Orientals in the direction of the Japanese rather than the Chinese. As Li (1988) states:

> The Chinese meanwhile enjoyed an improved image as many made important contributions during the war, volunteering service overseas, joining the Red Cross, and participating in loan drives for the war effort (1988:87).

In 1944, Chinese-Canadians were enlisted for military training. In 1945, the British Columbia government granted the vote to Oriental soldiers in the Armed Forces (Lee 1976). In 1947, a year after the Canadian Citizenship Act, the vote was given to all Chinese who were citizens. Although the 1923 immigration law was repealed, Chinese immigration, like that of other Asians, continued to be restricted. Only wives or unmarried children under 18 years of age were allowed to immigrate (Li 1988). This policy was particularily difficult for the Chinese to accept as it coincided with an increase in the number of Europeans being allowed into Canada (Tan & Roy 1985).

In 1952, a new Immigration Act gave immigration officers considerable power to decide who should be allowed into Canada. In 1956, the Supreme Court ordered the government to state precisely the type of people to be admitted (Hawkins 1972). In relation to the Chinese only spouses, unmarried children and elderly parents could immigrate. This move was justified on the basis that immigration from China might allow "communist agents" to infiltrate Canada (Li 1988). This encouraged illegal immigration to Canada (Tan & Roy 1985). In 1959, the Chinese Adjustment Statement Program allowed Chinese who had illegally entered Canada to

remain in the country, provided they were of good character and had not been involved in the organization of illegal immigration schemes (Hawkins 1972). Under this legislation, 11,569 Chinese were permitted to remain in Canada (Hawkins 1972).

4.3 1962-TO THE PRESENT

In 1962, new requirements deemphasizing country of origin as a major admission criterion for immigration were introduced. Instead, emphasis was placed on the immigrants' potential economic contribution (Wickberg 1982). This new law brought large numbers of Chinese to Canada, especially from 1967 onwards. Many of these immigrants were from Hong Kong, Taiwan and Southeast Asia. Hostile relations between China and the West during the 1950's and 1960's made it especially difficult for Chinese from the People's Republic to immigrate. Between 1968 and 1976, 90,118 Chinese immigrants came to Canada (Li 1988). Unlike the early immigrants, who were mostly labourers, the newer immigrants included clerical workers, sales workers and professionals (Li 1988). The arrival of large numbers of skilled and professional workers produced changes in the Chinese communities. Most Chinese began choosing to live in the suburbs rather than in Chinatowns. Increasingly, Chinatowns have become business centres rather than community centres. Li (1988) suggests that:

> The major value of Chinatown to Chinese businesses is its commercial appeal as a tourist attraction, which, from the point of marketing, is a good strategy to promote ethnic goods and services. From the point of view of consumers, it offers an ethnic component that gives an added flavour and novelty to what would otherwise be another plain commercial block (1988:104).

I would also suggest that Chinatowns continue to have symbolic value as well as consumer value for members of Chinese communities. Not only are they places to shop or eat Chinese food, they are also reminders of a distinct shared ethnic identity.

Other features of Chinese communities have also changed. In 1981, the sex ratio was 100 women to 102 men. This was the first time in the recorded history of the Chinese in Canada that the ratio had been balanced (Li 1988). This effected a change in the basic social structure of the Chinese communities. According to Li (1988), by 1971 most Chinese were members of a nuclear family. The make up of the Chinese family shows variation when compared to other Canadian families. Li (1988) states:

> Chinese-Canadians are more likely than other Canadians to have multiple families living in the same dwelling, or to be living in the [sic] husband-wife family household with additional persons other than their children (1988:109).

Social ties within the Chinese communuities continue to be strong. Reitz (1980), in a study on ethnic groups, found that 79.7% of Chinese respondents retained close social links with family and Chinese friends; and 82.2% identified themselves with their cultural origins.

A study by de Vries and Vallee (1980) demonstrated that the Chinese have the highest language retention compared to other groups. This, Li (1988) believes is because the majority of Chinese-Canadians are foreign-born. Approximately one out of every five Chinese speak neither English nor French (de Vries & Vallee 1980).

Most Chinese live in the larger urban centres. By the beginning of the 1980's, 40% lived in Ontario, 34.5% lived in British Columbia, 12% in Alberta, 6.3% in Quebec and 6.3% were divided between Saskatchewan, Manitoba, the Maritimes, Northwest Territories and the Yukon (Li 1988). The 1981 Census showed that Chinese-Canadians have the highest percentage of university graduates in Canada and are well represented in professional, management and other administrative positions (Li 1988). The service industry continues to be an occupational niche for many Chinese, particularily the food and restaurant business. Li (1988) states:

> Chinese immigrants have had a tendency to enter those occupations that previous groups have shown to be successful, and that the service occupations remain a safe haven for those Chinese without professional and technical qualifications (1988:116).

Li (1988) suggests that the changing socio-economic face of the Chinese is closely related to industrial development in Canada rather than a genuine attempt on the part of Canadian society to extend social equality to minority groups:

> Improved conditions may have little to do with greater equality. If recent Chinese immigrants landed immediately in professional and skilled occupations it is only because they entered Canada at a time when their technical expertise answered the structural demands of the labour market (1988:118).

Although the Chinese have acquired considerable educational and occupational status, the 1981 Census shows that the Chinese encounter considerable financial inequality compared to other ethnic groups. Studies by social scientists have also highlighted intolerance and racism against the Chinese (Berry, Kalin & Taylor 1977; Li 1979b). The Chinese continue to be seen as foreigners. For example, a CTV television programme in 1979 asserted that foreign students were taking Canadian students' places at Canadian universities. To illustrate the point, scenes of students were shown which included a high number of Chinese-Canadians. Across the country, Chinese-Canadians were outraged and replied by organizing mass demonstrations (Chan 1983; Li 1988). This incidence was significant because it triggered the development of a movement to fight for increased equality for Chinese-Canadians. Prior to this, Chinese-Canadians had rarely entered political life and little organized attempt had been made to gain equality (Li 1988).

Li (1988) concludes that although Chinese-Canadians have achieved much in Canada, their future, as in the past, will be closely related to the structural conditions of Canadian

society and the ecomonic opportunities they are afforded. This can be illustrated by the writings of Yancey, Ericksen & Juliani (1976) whose work on ethnicity in the United States suggests that:

> Ethnicity may have relatively little to do with Europe, Asia or Africa, but much to do with the exigencies of survival and the structure of opportunity in this country (1976:400).

4.4 HISTORY OF THE CHINESE IN EDMONTON

According to Hoe (1976), Chinese immigrants first came to Edmonton in 1892. At that time 250 Chinese were reported to be living in Edmonton's Chinatown (Hoe 1976). Many of these people had originally come to Alberta to work on the construction of the Canadian Pacific Railway but, on settling in Edmonton, the majority worked as cooks, laundrymen and grocers. Most were single males without families in Canada.

During the period 1900 to 1923, there were 300 Chinese people living in Chinatown (Hoe 1976). Clan associations, gambling houses and a dramatic club were opened. Common to the experiences of other Chinese in Canadian society, White attitudes towards the Edmonton Chinese were highly prejudiced. As a result, Chinese people were subjected to political exclusion, economic discrimination and social segregation.

Between 1923 and 1947, Chinese social organizations were consolidated. In 1932, the Chinese Benevolent Association was established in Edmonton and represented the Chinese in Alberta, the Yukon and the Northwest Territories. A Chinese church was established in 1930, along with a language class and a women's club. Although some women were allowed to join their husbands, the male population continued to far outnumber the female population. During this time, traditional customs such as the celebration of the Chinese New Year, the exhuming of the dead and the shipping of bones back to China continued to be observed.

Discrimination and segratation diminished following the Second World War as many of the laws excluding Chinese-Canadians were repealed and their civil rights recognized (Li 1988). As discussed earlier in this chapter, the Chinese gradually moved out of the Chinatowns during the post-war period as greater opportunity for social and occupational mobility arose. The 1960's and 1970's saw the arrival of few immigrants from China, but many from Hong Kong and Southeast Asia. Between the late 1970's and the mid 1980's, many Vietnamese-Chinese arrived in Edmonton (Indra 1985). During these years, Alberta, which was in the midst of an economic boom, provided a home for a disproportionate number of Indochinese refugees. By 1984, 10,000 people of Vietnamese-Chinese origin were living in the Province, with a large number residing in Edmonton

(Indra 1985). While many of the Vietnamese-Chinese have been supported by, and integrated into, the larger Chinese community, there is some separation between the communities. In 1979, the Vietnam Chinese Association was formed in Edmonton (Indra 1985). The association organizes a small number of recreational, sporting and musical events as well as the annual New Year celebrations.

Approximately 20,000 persons of Chinese origin live in Edmonton (City of Edmonton 1986). While fewer than 500 live in Chinatown, it remains a focal point for many Edmonton Chinese. Community events continue to be organized from Chinatown, associations and businesses continue to exist, and occasions such as Chinese New Year continue to be celebrated.

4.4.1 Ethnic Breakdown of Edmonton's Chinese Community

Edmonton's Chinese community includes people of Chinese background from China, Hong Kong and, more recently, Southeast Asia. According to my personal communication with Statistics Canada and Mr. Hung, director of the Edmonton Chinese Benevolent Association, no statistics exist on the breakdown of numbers of people from each area.

Cantonese is the main Chinese dialect spoken in Edmonton. Cantonese is spoken by the younger people and those who come from Hong Kong and Southeast Asia. Toihsaan is the dialect

spoken by the older immigrants who came from China. Many of these people live in Chinatown. The younger, more recent immigrants from China speak Mandarin. Two other dialects, Fuk-kin and Chiu-jau, are spoken by a small number of immigrants from China. At present, no statistical information or documentation exists on the language usage of Edmonton's Chinese (Hung 1987 Personal Communication).

The next chapter discusses Chinese medical theory and its relationship to the beliefs and practices surrounding childbirth.

Chapter V

CHINESE MEDICAL THEORY: ITS RELATIONSHIP TO THE BELIEFS AND PRACTICES SURROUNDING CHILDBIRTH

The first half of this chapter describes the Chinese childbirth ritual. The second half discribes Chinese medical theory in relation to the beliefs and practices surrounding childbirth.

5.1 DESCRIPTION OF THE CHINESE CHILDBIRTH RITUAL

Pillsbury (1982) suggests that the Chinese childbirth ritual may have been in existence for two thousand years. The major feature of the ritual is "the month". This refers to the first lunar month following the birth of a child. During this period, the new mother is expected to remain at home in bed and follow certain observances and prescriptions relating to activity and food. Traditionally, she was supervised during this time by her mother-in-law, as residence was patrilocal. Today, she is more frequently supervised by her mother. In the absence of her mother, aunts and other female relatives will assist. During "the month", the new mother takes a minor role in childcare. Childcare is the duty of her "assistor" (Paau-Yuet), this is usually her mother or mother-in-law.

The purpose of "the month" is to provide a woman with an opportunity to regain her strength by following certain food and activity observances and prescriptions, and to protect her from harmful forces such as wind. It is believed that violation of "the month" will cause future health problems for the mother, which in particular will manifest themselves at menopause. Other functions of "the month" include restrictions on social interaction, such as attending weddings and funerals. These observances relate to the idea that a woman, who is believed to be polluted following birth, should not be seen in public, and, in particular, should not interact with men. At the end of "the month", a celebratory party is held to which relatives and friends are invited.

The childbirth ritual also includes pregnancy observances and prescriptions. Like "the month", these observances and prescriptions relate to activity and food. The activity observances also include the prospective father. These observances, which prohibit house repairs and hammering and painting in the prospective parents' home, constitute the only formal involvement of men in the ritual. The beliefs and practices surrounding childbirth are exclusively the realm of women. This women's network primarily consists of close kin, but also extends to more distant kin and friends. Men, to some extent, are aware of the details of the ritual. For example, as will be elaborated on later, one of my

informant's father played a major supervisory role in his daughter's practice of the ritual. This, however, is rare; with the exception of pregnancy restrictions, men play a passive role in the childbirth ritual, sometimes offering encouragement and support but rarely figuring as key players.

5.2 CHINESE MEDICAL THEORY AND ITS RELATIONSHIP TO THE CHILDBIRTH RITUAL

The childbirth ritual is usually considered to belong to the folk medicine tradition as opposed to the formal traditions of either Chinese medicine or Western medicine. As Pillsbury (1982) states:

> Doing the month is clearly part of the folk medical tradition. It is something "everybody" does to get well and remain well after parturition, and its specialists generally are simply mothers, mothers-in-law and older women who are experienced in such matters (1982:129).

The beliefs and practices surrounding childbirth have clearly been influenced by Chinese medical theory. To provide a general understanding of the ritual, and in particular the rationalizations informants gave for pregnancy and postpartum observances and prescriptions, the major principles of Chinese medicine will be outlined.

Chinese medicine is an ancient tradition based on clinical observations, and Confucian and Taoist philosophy which has been in existence for at least 3,500 years (Unschuld:1985). The system of Chinese medicine which exists today evolved during the last three centuries B.C.

Chinese medicine is inductive and concerned with the functional attributes of the whole body (and universe). Unlike Western medicine there is no mind/body split in Chinese medicine. Most diseases are believed to be caused by disharmony in the universe and/or the body. The individual is healthy when her or his basic life forces are harmonized, and unhealthy when they are not. The universe is viewed as being in a state of dynamic equilibrium, oscillating between two forces called Yin and Yang.[11]

The human body is considered to be a microcosm of the universe, in which all body parts have Yin and Yang qualities. Yin corresponds to cold, wetness, darkness, softness, feminity, quiescence, earth, moon, below, north, squareness and even numbers. On the other hand, Yang corresponds to heat, dryness, brightness, hardness, masculinity, activity, heaven, sun above, south, roundness and odd numbers. A second primary concept of Chinese medicine is that of Ch'i. Porkert (1974) states that Ch'i is a close equivalent of the Western concept of "energy". It is found in the "greater world", the universe, and in the "lesser world", the human body. Outer Ch'i means "air", which includes the total effects of sunlight, water and air on all aspects of life. Inner Ch'i is the life energy of the living body. Its three main functions are to nourish,

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[11] Although the spelling of the terms Yin, Yang and Ch'i are Mandarin they are used in this chapter because of their familarity to English speakers as opposed to the unfamilar Cantonese terms.

protect and circulate energy in a prescribed route throughout the body. There is continual exchange of Qi between the body and the environment. When the body is in a state of equilibrium, it possesses the "positive vitality" of Ch'i that protects it and defends it from pathogenic factors. If the body is imbalanced, there is a weakening of positive vitality and even a minor pathogenic factor can result in disease. Pathogenic factors are elements of life that lead to disease and include the six excesses: wind, heat, cold, dampness, fire and dryness; and the seven moods: joy, anger, anxiety, obsession, sorrow, horror and fear.

Many diseases are caused by excessive "coldness" or "hotness" in the body. Being Yin in nature, women are very suspectible to diseases that result from excessive coldness. This is particularily important at the time of childbirth when a woman is considered to be in a cold state, as illustrated in the following quote:

> A woman is considered cold during pregnancy because internally she is losing blood to her fetus. She is polarized in the direction of cold and the fetus in the direction of hot, an opposition that causes "wind" to be generated and poison to accumulate in her womb (Pillsbury 1982:132).

Therefore, during pregnancy, a woman must avoid foods that are extreme because this will increase her coldness and her baby's hotness, thereby creating more wind and poison. Informants in my study emphasized the need to eat a balanced diet thereby avoiding foods that are excessively hot or

cold.[12]

There are two kinds of "hotness" and two types of blood. One type of "hotness" is beneficial; the other, which is caused by wind, is detrimental. Likewise, there is good and bad blood. Good blood normally circulates throughout the body. Blood associated with childbirth and menstruation is thought to be bad, dirty, blood which must be got rid of. After birth, a woman is weak because she has lost "beneficial hotness". Therefore, as Pillsbury (1982) states:

> she must augment the hotness to bring it back up to a normal healthy level. This is done by avoiding coldness and by following a hotness augmenting diet (1982:132).

Pregnancy and the puerperium are times when a woman's energy (Ch'i) is low, which increases her susceptability to disease.

Chinese medicine contains a humoral theory of food. This theory specifies that food should be selected to maintain an individual's balance of hot and cold. Foods range from hot to cold; some are extreme, others moderate and some neutral. Foods are classified by their inherent nature and not their actual temperature. It is not possible to change the nature of a food by a process such as boiling or refrigeration. Ginger is therefore always hot, just as fruit and vegetables are always cold. If one has too much cold, augmenting foods

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[12] Although informants were aware of the concepts of Yin and Yang they rarely discussed them unless questioned, emphasizing instead the concepts of "hot" and "cold".

that are hot are needed; if one is too hot, then cold foods are needed. If one has lost heat and strength, then a mixture of hot ingredients classified as a tonic or "patching medicine" is consumed (Ahern:1974). "Chicken Wine", an important "month" food consisting of hot ingredients such as chicken, ginger and vinegar, is a "patching medicine" (see chapter six).

The circulation of blood is also influenced by food. Too much cold food makes the blood thick, which causes poor circulation. Too much hot food thins out the blood and causes weakness. Wind causes the blood to congeal. By entering the body, wind is believed to cause many diseases. As Pillsbury states:

> A cold wind, for example, makes a person's body hair stand up and closes the pores of the skin, thereby causing fever heat to accumulate in the body. Entry of cold wind can also create tumors, weakness and pains, precisely the danger a woman faces during the month because then all her joints are "opened up." This facilitates entry into her body of all winds that blow against it and results in arthritis ("joint inflammation") and rheumatism ("wind-moisture-disease") (1982:134).

The theoretical concepts underlying the Chinese childbirth ritual are to be found in Chinese medical theory. Viewed from this perspective, the childbirth ritual is seen as a clearly articulated regime theoretically guided for the purposes of regaining strength and preventing future health problems. The picture, however, is not as clear-cut as this. Life in Canada, combined with Western philosophical and bio-

medical thinking, has contributed to change.[13] The younger informants feel that in this generation, there is an increase in the separation between ideal and actual behaviour, in interpersonal variation, in rule manipulation and in familial conflict. Chapter six (Data Analysis I) supports some of these perceptions. However, discussion with elderly informants reveals a ritual that has long been manipulated. Although separation between ideal and actual behaviour and diversity in this generation may have increased, possibly what has changed most are the forces behind these changes. Where previously behavioural manipulation may have been motivated in part by daily-life constraints and economics, manipulation today may be related more to philosophical differences associated with new ways of thinking.

In the next chapter the findings from my fieldwork in Edmonton's Chinese community will be presented.

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[13] It is not exposure to the beliefs of two medical systems (both Chinese and Western medicine co-exist in China, Hong Kong and Vietnam) that has created change and conflict. Rather, it is a combination of life in Canada, exposure to Western thought and the powerful influence that Western medicine has had on health and healing beliefs in Canada.

Chapter VI

CHILDBIRTH BELIEFS AND PRACTICES: DATA ANALYSIS(I)

The purpose of this chapter is to provide an analysis of the fieldwork findings. It includes two major sections: (1) Pregnancy Observances and Prescriptions; and (2) Postpartum observances and prescriptions. Each section is divided into subsections. Although the designation of subsections is mine, they reflect domains loosely used by informants. The data are presented in tables. Each table provides a breakdown of ideal and actual beliefs and behaviours, their underlying rationale, and their timing and duration (as provided by informants). Both inter and intra-domain variation are identified. Variation is illustrated by enumerating the alternatives. Following each table, I examine where possible, explanations for the divergence between ideal and actual behaviour. Reasons for the existence of variation with regard to behaviours, rationale and timing are examined. I also examine inter and intra-domain variation. It should be noted that the category "ideal behaviour" refers to rules that informants believe in as well as rules that they know to be the ideal but do not necessarily believe in. While the rules listed under ideal behaviour are not graded in terms of greater and lesser

rules, on occasion informants presented gradations. In each case these responses are identified and the explanations provided by informants outlined.

The responses presented in this chapter are those of the eleven younger informants, all of whom have had children recently. On occasion, responses of the three elderly women are presented to provide a contrast or to highlight a particular point. Although the majority of informants have more than one child, a breakdown of beliefs and practices during different childbirth episodes is not presented. This is due in part to the manner in which data was elicited and presented during interviews. It is also due to the fact that informants did not consistently separate their different childbirth experiences.

6.1 PREGNANCY OBSERVANCES AND PRESCRIPTIONS

6.1.1 Activity Observances

Table 1 indicates activities that a prospective mother should not participate in during pregnancy. The rationale for each activity is given in the second column. The third column of table 1 provides a numerical break-down of informants' ideal and actual behaviour for each activity. Each individual informant is identified by a letter.

Table 1

The Prospective Mother Should Not Participate in the Following Activities During Pregnancy

Activity	Rationale	Behaviour	
		Ideal #	Actual #
1.Lift anything heavy	Could cause miscarriage	3 (A,C,F)	2 (A,C)
2.Reach upwards	"	3 (A,C,F)	2 (A,C)
3.Be hit on the back	"	3 (A,C,F)	2 (A,C)
4.Sew*	Could damage baby's head	8 (A,C,F) (G,H,I) (J,K)	0
5.Participate in activities in which she could poke herself	"	" (")	" (")
6.Visit a woman doing "The month"	Happy events should be separated as they could cause "bad luck"	2 (B,F)	2 (B,F)

(Letters inside the parenthesis indicate individual informants).

* The degree of separation between ideal and actual behaviour in this domain creates a false impression as not all informants sew.

As is evident from table 1, separation between ideal and actual behaviour is quite marked for observances 1 and 2.

This differentation is, I suggest, related to two factors. First, several informants state that they did not sew, and furthermore that it was impractical on a day-to-day basis to avoid activities which might involve poking. Second, informants acknowledge the influence of Western thought on their practice of the childbirth ritual. This influence is particularily evident in relation to those beliefs and practices that are seen by informants as irrational; For example, the idea that sewing could damage the baby's head. In addition, observances for which it is particularily difficult to establish a cause and effect, are, I suggest, likely to show considerable separation between ideal and actual behaviour. Concern over rule violation is infrequent, unless a misfortune occurs that can be attributed to breaking the rules (see chapter seven).

Table 1 demonstrates inter-domain variability (variation between observances) for both ideal and actual behaviour. Eight informants cited observances 4 and 5 as an ideal. Of these, five informants (G,H,I,J,K) are not included among informants who cited observances 1, 2 and 3. Informant (B) was the only informant who featured in observance 6 and not in any other observances. With regard to actual behaviour inter-domain variation is less marked. Informants (A,C) carried out the first three activities, while (B,F) carried out the last activity.

No intra-domain variation (variation within observances) is evident for the activities listed in table 1.

6.1.2 Food Observances

Table 2 indicates foods that the prospective mother should not eat during pregnancy.

Table 2

The Prospective Mother Should Not Eat the Following Foods During Pregnancy

Food	Rationale	Behaviour	
		Ideal #	Actual #
1.Watermelons	Too cold	7 (C,F,G,H) (I,J,K)	0
2.Pinneapples	"	7 (C,F,G,H) (I,J,K)	0
3.Bananas	(a) Bad for the "nerves"	2 (C,F)	0
	(b) Could cause cramps	5 (G,H,I,J) (K)	0
4.Goat	Could cause epilepsy	3 (D,E,F)	1 (E)
5.Lamb	"	" (")	" (")
6.Duck	Could poison the mother and affect the baby's future health	" (")	" (")
7.Seafood (Shellfish)	(a) Could poison the mother and cause the baby to have future skin problems and allergies	6 (F,G,H) (I,J,K)	6 (G,I) (J,K)
	(b) Could cause cramps	1 (C)	0
8.Chinese cabbage (Sui-Choi)	Could cause cramps	1 (C)	0
9.Green beans	Could cause a miscarriage	5 (G,H,I) (J,K)	0
10.Mangoes	Too cold	1 (H)	1 (H)

In relation to ideal and actual behaviour, differentation is evident in observances relating to fruit, beans and seafood. These separations may be linked to conflicts between Chinese and Western beliefs. From a Western view point, these are considered to be healthy foods, a perspective that most informants were in agreement with. For example, several informants stated that they could not see the harm in eating fruit which they believe their bodies need.

Table 2 also demonstrates inter-domain variation both in terms of ideal and actual behaviour. Seven informants cited observance 1, 2 and 3, of these one informant (F) cited observance 4, 5 and 6; one informant (C) cited observance 8; and one informant (H) cited observance 10. With regard to inter-domain variation in actual behaviour four informants avoided observance 7, none of these informants were among those who avoided observances 4, 5, 6 and 10.

As is evident from table 2, there is intra-domain variation with regard to two observances; bananas and seafood. Two informants believe that bananas are bad for the "nerves", whereas five believe that they could cause cramps. In the case of seafood, two explanations exist; one relates to poison and causing the baby to have future health problems, the other relates to causing cramps. In both cases, explanations provided by informants who are friends are the same, while those of the two informants who are cousins differ. It is, therefore, difficult to explain the

existence of variation in the practice of these observances. One possible explanation is regional differentation. Alternatively the variation evident in this table may be idiosyncratic.

6.1.3 Prescribed Herbs

Table 3 is concerned with the prescribed herbs that the prospective mother should take during pregnancy.

Table 3

The Prospective Mother Should Take the Following Herbs During Pregnancy

Herb	Rationale	Timing	Behaviour	
			Ideal #	Actual #
1.Ginseng	Will enhance health and provide extra vitality	(a) From 3 months	0	0
		(b) From 7 months	1 (I)	1 (I)
		(c) Before delivery	2 (H,J)	2 (H,J)
2.Dong -Qui	Will enhance health and improve blood	From 4 months	1 (I)	1 (I)

No separation between ideal and actual behaviour occurs in table 3, however, both inter-domain and intra-domain variation is evident.

In relation to inter-domain variation, informant (I) cited two prescriptions to be the ideal behaviour; informants (H,J) cited one. The same pattern is evident with regard to actual behaviour.

The intra-domain variation in this table relates to timing. Three explanations exist regarding the best time to begin taking ginseng. The first suggestion is that of the elderly informants. It is relevant to note that two of the younger women who are related to one of these women did not take ginseng. The other two informants who took ginseng, stated that their decisions were strongly influenced by their mother's opinions.

6.1.4 Household Observances

Table 4 summarizes activities, which should not be carried out in the prospective parents home during pregnancy. These observances are the only behavioural restrictions placed on men in the Chinese childbirth ritual.[14]

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[14] Restrictions placed on fathers during pregnancy, called couvade, are common cross-culturally (see Munroe, Munroe & Whiting 1973; Paige & Paige 1981). Most forms of couvade include dietary restrictions. The Chinese ritual, however, does not.

Table 4

The Following Activities Should Not be Carried Out in the Prospective Parents Home During Pregnancy*

Activity	Rationale	Timing	Behaviour	
			Ideal #	Actual #
1.Furniture should not be moved, especially in the bedroom	(a) Could disturb baby's spirit	Especially during first trimester	5 (A,C,D) (E,F)	2 (D,E)
	(b) Could affect baby's future health	"	5 (G,H,I) (J,K)	0
2.Internal or external house repairs	Could disturb baby's spirit and/or cause deformities	Especially during first trimester	10 (A,C,D,E) (F,G,H,I) (J,K)	2 (D,E)
3.Banging (eg. hammering a nail)	Could cause baby to have head and hand deformities	Throughout pregnancy	" (")	" (")
4.Painting**	Could cause baby to have birth marks	"	8 (A,E,F,G) (H,I,J,K)	1 (E)
5.Repairs to broken objects without consulting parents or parents-in-law	"	Especially during first trimester, may be carried out later if parents advise	2 (E,F)	1 (E)
6.Move house**	Could disturb baby's spirit	Throughout pregnancy	6 (A,G,H) (I,J,K)	1 (A)

* The findings in this section include the prospective father's behaviour as well as the prospective mother's.

** The degree of separation between ideal and actual behaviour in these domains creates a false impression as they are activities that are infrequently carried out.

As is evident from table 4, there is separation between ideal and actual behaviour for each activity. Eight informants stated that activities concerning repairs, banging and moving furniture should be avoided. Of these, only two adhered to the practice. Informants displayed skepticism regarding these observances. As mentioned earlier, observances for which it is difficult to establish cause and effect links and those that are seen as less rational show a high divergence between ideal and actual behaviour. Separation between ideal and actual behaviour is also evident for the observances relating to moving house and painting. This is to be expected as painting and moving house are generally uncommon events. One informant who was due to move during her pregnancy delayed this event because of extreme pressure from her mother-in-law.

Inter-domain variation occurs in table 4. The first three activities were cited as ideal behaviour by ten informants, eight of whom cited "painting", two of whom cited "repairs" and six "move house". With regard to actual behaviour, (D) adhered to the first and third activities, (E) adhered to all activities except "move house". Only (A) adhered to "move house". "Painting" and "moving house", as already mentioned are rare activities which cannot really be considered to be true variation. Intra-domain variation is evident in this table in relation to the rationale regarding moving furniture. Three informants believed that moving

furniture could disturb the baby's spirit. Five believed that it could affect the baby's future health. The two rationale although stated differently, may be related. The three informants who adhered to rationale (a) provided vague explanations. However, further questioning revealed a link between disturbing the baby's spirit and future health. One of the manifestations of disturbing the baby's spirit is a possible effect on the future health of the baby.

6.2 POSTPARTUM OBSERVANCES AND PRESCRIPTIONS

Postpartum observances and prescriptions are common cross-culturally and have received considerable attention from anthropologists (Laderman 1983; Manderson 1981; Sargent, Marcucci and Elliston 1983). A predominant feature of these rituals is that they invariably include dietary rules. Fieldwork in the Edmonton Chinese community, while emphasizing the importance of such rules, also revealed important activity observances and prescriptions. The Chinese postpartum period lasts for one lunar month. The following observances and prescriptions, unless otherwise stated, pertain to this period which the Chinese call Ch'o-Yuet, which translates as "the month". For the purposes of analysis, these beliefs and practices are presented in six tables. As in the analysis of the pregnancy data, the domains have been designated by me; however, they also reflect domains loosely used by informants.

6.2.1 Prescribed Activities

Table 5 indicates activities that the new mother should carry out during the first month following childbirth.

Table 5

The New Mother Should Carry Out the Following Activities During "The Month"

Activity	Rationale	Timing	Behaviour	
			Ideal #	Actual #
1.Stay in bed	To regain strength and cleanse blood	(a) Throughout "the month"	9 (B,C,D,E) (F,G,H,I) (K)	1 (I)
		(b) As much as possible	1 (C)	1 (C)
2.Stay at home	To regain strength, also related to pollution ideas	(a) Throughout "the month"	11	5 (A,B) (E,I)
		(b) For twelve days	1 (D)	1 (D)
		(c) As much as possible	1 (C)	1 (C)
3.Cover head if goes out	Joints and skin pores are "open", wind could cause "rheumatism" and other aches and pains in the future	Throughout "the month"	3 (D,E,F)	2 (D,E)

As is evident from table 5 there is inter-domain variation with regard to both ideal and actual behaviour. All eleven informants cited the first two activities as ideal behaviour, while three cited the third activity. Inter-domain variation is more marked in terms of actual behaviour. Seven informants "stayed at home"; of these, two

also "stayed in bed"; two others followed the prescription "cover head".

Two instances of intra-domain variation are evident: staying in bed and staying at home. In relation to staying in bed, rule (b) was cited by two informants as an alternative ideal of rule (a), which they both consider to be impractical. In relation to staying at home, three variations are presented. As in the previous category, option (b), staying at home for twelve days, was mentioned by one informant as an alternative ideal to option (a), which she believes to be the more correct behaviour. In both these instances it appears that the variations are idiosyncratic as they do not have regional or familial explanations. These observances are related to the two previous observances. As one informant states, "it helps give you a new start". These observances are also related to pollution ideas. When directly questioned about the belief that a woman is considered to be "unclean" following birth, most informants state that they are unaware of this belief. One informant, however, made the following statement:

> Ethnographer (E): Could you go out during that time?
>
> Informant (I): Not supposed to, not so much for myself, as for the people who may think, who may still have that idea, like.
>
> E: That you may offend them?
>
> I: Yeah, yeah.

A second informant expressed it this way:

> I know some men are really quite, strongly believe that the woman at that time, you know that they should not be near them.[15]

Separation between ideal and actual behaviour is marked in these domains. Informants believed the ideal behaviour to be impractical, restrictive and not relevant within the context of their lives. The one informant who adhered to these observances stated that her decision was strongly influenced by the forceful opinions of her mother. Mild separation between ideal and actual behaviour is evident for the domain relating to covering head if going out.

6.2.2 Activity Observances

Table 6 indicates those activities that the new mother should avoid during "the month".

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[15] It should be noted that in my data the term pollution refers to the concept of being "unclean", rather than the concept of being "mystically powerful" which has been recorded in other literature on Chinese childbirth (see Ahern 1975).

Table 6

The New Mother Should Avoid the Following During "The Month"

Activity	Rationale	Timing	Behaviour	
			Ideal #	Acutal #
1.Public functions (eg. weddings & funerals)	Happy events should be separated as together they could cause "bad luck", also related to pollution ideas	Throughout "the month"	4 (B,C) (E,F)	3 (B,C) (E)
2.Two happy functions close together	Happy events should be separated	"	1 (D)	1 (D)
3.Visits by pregnant woman	(a) Could cause "bad luck", and as the new mother is polluted could have an adverse effect on the pregnant woman and unborn baby	"	1 (B)	1 (B)
	(b) Happy events should be separated	"	2 (B,F)	1 (B)
4.Wind	As joints and skin pores are "open" could take in wind which could cause "rheumatism" and other aches and pains	"	10 (A,C,D) (E,F,G) (H,I,J) (K)	5 (A,C) (D,E) (I)
5.Draughts	"	"	4 (C,D) (E,F)	3 (C,D) (E)

Table 6 continued

Activity	Rationale	Timing	Behaviour	
			Ideal #	Actual #
6.Crying	Eyesight will deteriorate	"	5 (G,H,I) (J,K)	0
7(a).Bathing/ showering	Joints and pores are "open" therefore could get cold	"	10 (A,B,C,E) (F,G,H,I) (J,K)	2 (B,I)
7(b).Washing except with warm water and ginger	Being hot these substances will protect from cold		2 (E,H)	1 (E)
8(a).Washing hair	Cold water and air could cause future health problems, especially headaches	(a)Throughout "the month"	8 (C,E,F) (G,H,I) (J,K)	1 (B)
		(b) For 1 week	1 (B)	1 (B)
		(c) For 1 week and then only with warm water and ginger	1 (D)	1 (D)
		(d) For 2 weeks and then only with warm water and ginger	1 (E)	1 (E)
8(b).Washing hair except with warm water and ginger	Being hot these substances will protect against cold	Throughout "the month"	1 (A)	1 (A)

Table 6 continued

Activity	Rationale	Timing	Behaviour	
			Ideal #	Actual #
9.Brushing hair	Cold air and wind could get into head and cause future health problems	Throughout "the month"	1 (B)	1 (B)
10.Brushing teeth	Joints are "open" and could be loosened	"	1 (B)	1 (B)
11.Jumping	Could cause future health problems due to vulnerability as joints and pores are open and blood is "dirty"	"	2 (D,E)	2 (D,E)
12.Lifting anything heavy	"	"	" (")	" (")
13.Doing anything strenous	"	"	" (")	" (")
14.Sexual intercourse	The womb needs to rest, violation could cause future health problems especially at menopause. Furthermore the woman could pollute her husband	100 days	1 (F)	0

Considerable separation between ideal and actual behaviour is evident in this table in both widely and rarely held beliefs. For the widely held beliefs relating to "crying", none of the five informants adhered to the ideal.

Considerable differentation, though less than for the previous domain, also exists in the case of "bathing". Of eight informants, only two adhered to the ideal. Of these, one was living in China at the time and bathing necessitated a visit to the public baths. The other informant states that she did not bathe in accordance with her mother's insistence. Most informants did not believe this observance to be relevant to their present living conditions. The divergence between ideal and actual is also substantial regarding "wind". Out of ten informants, only half adhered to the ideal. Separation between ideal and actual behaviour is also evident for the less-held beliefs, such as "visits by a pregnant woman", "washing hair with warm water and ginger" and "brushing teeth", all of which are considered by the informants to be "old fashioned" and unnecessary.

Table 6 displays differing degrees of inter-domain variation among the thirteen listed observances. With regard to ideal behaviour there is little inter-domain variation among observances 4, 7 and 8, however, inter-domain variation is quite marked if one compares any of these observances with other observances such as 1, 2 or 3. For example, ten informants cited observance 7 as ideal behaviour, of these one cited observance 2 and two others cited observance 3. With respect to actual behaviour five informants avoided observance 4, none of whom avoided observances 3 and 9. Only two avoided observances 7 (I,E); 11 (D,E); 12 (D,E) and 13 (D,E).

Table 6 demonstrates intra-domain variation in relation to characteristics of the activities themselves, as well as in rationale and timing. First, there is variation in informants' rationale provided for "visits by a pregnant woman". Two separate explanations for avoidance are given. In relation to variation in "bathing", two subactivities exist with their own distinctive rationale. Of interest is the elaborated variation in timing related to the subactivity "washing hair". New mothers should avoid washing their hair for periods ranging from one week to one month. One informant states that, ideally, brushing hair and brushing teeth are harmful activities during "the month". This belief is probably regional as this informant is the sole representative from Northern China. With regard to the activities relating to avoidance of "public" and "happy" functions, although they appear to be very closely related and therefore possibly variations of the same belief, I have not listed them as such. A definite distinction exists in my data between "public functions", which may include funerals, and "happy functions", which do not.

6.2.3 Prescribed Activities

Table 7 outlines those activities that the new parent's should carry out during "the month".

Table 7

The New Parents Should Carry Out the Following Activities During "The Month"

Activity	Rationale	Behaviour	
		Ideal #	Actual #
1.Give gifts of red painted eggs to friends, relatives and visitors	Red painted eggs are given to celebrate a happy event	6 (A,G,H) (I,J,K)	6 (A,G,H) (I,J,K)
2.Give "chicken wine" or pigs'feet and pickled ginger (traditional postpartum dishes) to visitors	To celebrate birth	5 (G,H,I) (J,K)	5 (G,H,I) (J,K)
3.Give a party at the end of "the month"	(a) To celebrate the end of "the month", considered to be a transitionary event between "the month" and a return to normal life	9 (A,C,D) (F,G,H) (I,J,K)	8 (A,D,F) (G,H,I) (J,K)
	(b) To celebrate the end of "the month" and to welcome the baby into family	1 (E)	1 (E)
4.Give a party at the end of 100 days	As above (a)	1 (B)	1 (B)

The only instance of separation between ideal and actual behaviour concerns "the end of "the month" party". Out of ten informants, only one did not have a "month end" party.

Table 7 demonstates inter-domain variation with respect to both ideal and actual behaviour. Ten informants cited activity 3, three of whom (C,D,F) did not cite activities 1 and 2. Another informant (A) did not cite activity 2. None of the activities, with the exception of number 4, were cited by informant (B). The same pattern of inter-domain variation applies to actual behaviour.

The intra-domain variation evident in this table relates to the "month end party" prescription. One informant stated that in her family the "month end" party has the dual purpose of marking the end of "the month" as well as welcoming the baby into the family.

6.2.4 Food Observances

Table 8 summarizes foods that the new mother should not eat/drink during "the month".

Table 8

The New Mother Should Not Eat/Drink the Following During "The Month"

Food	Rationale	Timing	Behaviour	
			Ideal #	Actual #
1.Anything stir fried	Unknown	For 2 weeks	1 (D)	0
2.Anything hard	Will loosen joints and cause dental problems	Throughout "the month"	1 (B)	1 (B)
3.Anything cold	Too cold will deplete strength	"	5 (C,E,F) (I,J)	4 (C,E) (I,J)
4(a).Fruit and vegetables	"	"	9 (C,D,E) (F,G,H) (I,J,K)	2 (E,I)
4(b).A lot of fruit and vegetables	"	"	4 (G,H) (J,K)	4 (G,H) (J,K)
5.Left-overs	Bad for health	"	1 (C)	1 (C)
6.Beef	Not known	"	1 (H)	1 (H)

As is evident from table 8, there is a considerable behavioural differentiation in relation to the widely-held ideal belief that fruit and vegetables should not be eaten during "the month". Although only two informants observed this rule, two other informants reported conflict with their mothers and mothers-in-law over their decision to eat fruit

and vegetables. It is of interest to note that one of these informants is a dietitian who attempted to integrate the Chinese nutritional beliefs with those of the Canada Food Guide during "the month". One informant out of five did not adhere to the observance regarding not eating "anything cold".

Table 8 shows inter-domain variation both in terms of ideal and actual behaviour. Nine informants stated that activity 4 should be avoided. Of these, four (D,G,H,K) did not cite activity 3. With the exception of informants (D,C,H) none of the others stated activities 1, 5 and 6 as ideal behaviour. Informant (B) cited only activity 2. As is evident from table 8, inter-domain variation is less in terms of actual behaviour. Six informants avoided activity 4, three of whom (G,H,K) did not avoid activity 3, none avoided activity 1. Informant (B) was again the only informant who avoided activity 2.

Intra-domain variation is evident in relation to beliefs concerning the avoidance of fruit and vegetables. The four informants who cite (b) state that it is a modification of rule (a). Each of these informants stated that they believe option (a) to be very restrictive and in conflict with some of their Western-influenced food beliefs.

6.2.5 Prescribed Food

Table 9 indicates foods that should be eaten during "the month".

Table 9

The New Mother Should Take the Following Food During "The Month"

Food	Rationale	Timing	Behaviour	
			Ideal #	Actual #
1."Chicken wine"	[See table 9(a)]			
2(a).Rye and ginger soup	Counteracts the effects of delivery, helps expel "dirty blood", aides circulation, aids in regaining strength and balance	Immediately after delivery	1 (E)	1 (E)
2(b).Fried ginger and rice	"	2 hours after delivery	1 (D)	1 (D)
2(c)/3(a).Sweet and sour pigs' feet soup	"	2 weeks after delivery and then daily throughout "the month"	1 (D)	1 (D)
3(b).Pigs' feet, vinegar, ginger and brown sugar	"		2 (A,C)	2 (A,C)
3(c).Pigs' feet soup	"	For 10 days (daily)	1 (B)	1 (B)
3(d).Pickled pork	"	Throughout "the month" (daily)	3 (D,E) (F)	3 (D,E) (F)

Table 9 continued

Food	Rationale	Timing	Behaviour	
			Ideal #	Actual #
4(a).Three or more eggs	Will assist with regaining strength	Throughout "the month" (daily)	1 (B)	1 (B)
4(b).Some eggs	"	"	7 (C,F,G) (H,I,J) (K)	3 (C,F) (I)
5.Noodles	Not known	For 10 days (daily)	1 (B)	1 (B)
6.Fresh lean meat	"	Throughout "the month" (daily)	2 (C,D)	2 (C,D)
7.Preserved duck	Beneficial as it is considered to be "hot"	"	1 (E)	1 (E)
8.Preserved fish*	"	"	1 (E)	1 (E)

* The rationale presented for this domain is that provided by the informant who adhered to this rule. Several other informants, when questioned about the classification of fish did not agreee that fish is "hot". Their variations are not included in this table as they reported that they were not aware of fish as a "month" food.

The first domain, "chicken wine", a traditional postpartum dish eaten by almost all informants, is summarized in table 9 (a). Separation between ideal and actual behaviour is evident for prescription 4(b). While seven informants believed this to be the ideal behaviour, only three adhered to the ideal.

Inter-domain variation, in terms of both ideal and actual behaviour is quite marked in table 9. While eight informants cited prescription 4 as ideal, there were only two informants (C,F) who cited prescription 4(b) and none cited prescriptions 2, 7 and 8 as ideal. The same pattern of inter-domain variation applies to actual behaviour.

Three categories in this table exhibit intra-domain variation. In relation to food that should be eaten within the first few hours following birth, there are three different dishes. Rye and ginger soup should be eaten immediately after delivery. Fried ginger and rice should be eaten two hours after delivery, as should sweet and sour pigs' feet soup. Reasons for variation within these domains are not clear-cut, but are likely to be family related. These dishes are always prepared by family members and usually consist of the particular family's version of the recipe. Regional differentation may also be a factor but if so, is likely to be very localized as the informants who ate these dishes are from the same area. Four different pigs' feet recipes were consumed. Sweet and sour pigs' feet, eaten two hours post-delivery, was also eaten daily during "the month". Pigs' feet, vinegar, ginger and brown sugar was eaten throughout "the month". Pigs' feet was eaten for ten days and pickled pork was eaten daily throughout "the month". The variation in this category is partly regional. The informant who ate pigs' feet soup for ten days was

living in Northern China when her baby was born. As in the previous category, familial factors may also have a role to play. Idiosyncrasy cannot be ruled out, but since new mothers were given these dishes by family members, it is a less-likely explanation. Two variations are evident in the category relating to "eggs". The variation in this instance is regional - the informant who ate three or more eggs a day is from Northern China.[16]

[16] This prescription is common also in the Beijing area.

Table 9(a)
"Chicken Wine" Variations

Food	Rationale	Timing	Behaviour	
			Ideal #	Actual #
1.Chicken, Sweet vinegar, ginger, pork, pigs' feet, whisky, dried lily flowers, sea fungus	Being hot it will counteract the coldness of delivery, assist in regaining strength and the elimination of "dirty blood"	(a)First week (daily)	1 (G)	1 (G)
		(b) Throughout "the month" (daily)	4 (H,I) (J,K)	4 (H,I) (J,K)
2.Soup with old chickens	"	First ten days (daily)	1 (B)	1 (B)
3.Chicken, pigs feet, sweet vinegar, ginger	"	"	2 (C,F)	2 (C,F)
4.Old chicken (at least nine months old) preserved in salt and wine, AND whiskey soup with chicken, pork bones and dried lily flowers	"	"	1 (E)	1 (E)
5.Chicken and wine	"	"	1 (A)	1 (A)

Table 9(a) presents six different versions of "chicken wine". Regional variation almost certainly plays a role in one of these cases. The informant from Northern China was

the only informant to eat soup with old chickens daily for the first ten days. Other explanations are likely to be both regional and familial. For example, the two informants who are cousins ate the same version of the receipe. Four close friends from the same area did likewise. Variation in timing occurs in one domain. It is interesting to note that this variation was recorded during the group interview with five informants. Although they are all from the same area and close friends, they did not all eat the same recipe. The reason provided for variation by informants was familial.

6.2.6 Prescribed Herbs

Table 10 indicates herbs that new mothers should take during "the month".

Table 10

The New Mother Should Take the Following Herbs During "The Month"

Herb	Rationale	Timing	Behaviour	
			Ideal #	Actual #
1.Dong-Qui	Improve circulation and strength	(a) Throughout "the month"	1 (D)	1 (D)
	"	(b) When bleeding has stopped	2 (C,I)	2 (C,I)
2.Wah-Yi	Assists with regaining strength	Throughout "the month"	1 (A)	1 (A)
3.Ginseng	"	"	3 (H,J,K)	3 (H,J,K)
4.Deer antler	"	"	" (")	" (")

No separation between ideal and actual behaviour is evident in this table.

Similar to table 9 inter-domain variation is quite marked in table 10. Informants who cited Ginseng and Deer Antler did not cite Dong-Qui and Wah-Yi. Informants who cited Dong-Qui and Wah-Yi did not cite Ginseng and Deer Antler.

The intra-domain variation in this table surrounds the best time to begin taking Dong-Qui. Many different ideas exist regarding Dong-Qui. General discussion with informants and non-informants reveal different perspectives.

As in (b), some believe that it is not good to take Dong-Qui until bleeding has stopped because of its perceived action on the circulatory system. On the other hand, some agree with (a). No clear-cut explanations for variation are evident, but familial reasons are likely as informants who took herbs followed the advice of family members.

Chapter seven, which follows, provides further analysis and interpretation of the data.

Chapter VII

CHILDBIRTH BELIEFS AND PRACTICES: DATA ANALYSIS(II)

The first half of this chapter discusses the rationale suggested by anthropologists and informants to account for variation and the separation between ideal and actual behaviour. This section concludes with a discussion of the phenomenon of "rules to break rules" within the context of my data. The latter half of this chapter includes a further discussion of Wallace's organization of diversity model and its applicability to my data. The chapter concludes with a discussion of the motivating forces behind the childbirth ritual and its symbolic importance to informants.

7.1 EXPLANATIONS FOR INTERPERSONAL VARIATION

In the literature, explanations suggested for these phenomena include: (1) immigration and acculturation; (2) regional differentation; (3) familial variation; and (4) methodological approaches. These explanations are critically examined in the light of my data. Particular emphasis is paid to Wallace's organization of diversity model.

7.1.1 Immigration and Acculturation

Immigration and the adjustment to a new environment is, as pointed out in chapter two, often singled out as an explanation for interpersonal variation in health and healing beliefs. Informants in the Chinese community in Edmonton frequently suggested that immigration has had the effect of increasing variability in the beliefs and practices surrounding birth. Clearly, it has exerted pressure in terms of adopting Western beliefs and behaviour patterns. For example, all of the younger informants have worked outside the home [see Appendix C], six attended high-school in Canada, nine obtained a post-secondary education in Canada and have all received non-Chinese health-care education, such as pre-natal classes and contact with non-Chinese health-care professionals. These dualistic influences have had an impact on childbirth beliefs and practices. Informants stated that the choices they made concerning "the month" were in part influenced by living in Canada and by exposure to Canadian beliefs regarding pregnancy, delivery and the postpartum period. For example, Western bio-medical thinking relating to injuring the foetus appears to have been accepted by the majority of informants. This is illustrated by the gap between ideal and actual behaviour reported in chapter six for domains which have a "spiritual basis". For example, rules relating to avoiding banging and moving furniture, which are thought to harm the

baby's spirit, revealed considerable separation between ideal and actual behaviour. When questioned, informants were skeptical regarding the possibility that such activities could cause harm. A common statement was that the old practices, which had "made sense" in the Chinese context, no longer did so in the Canadian context. This was seen as an acceptable reason for dismissing or modifying some of the beliefs and practices. As one informant put it in her discussion of her practice of the ritual:

> I do believe in some of it, after confinement as far as the nutrition goes, but a lot of the things that my Mum tells me not to do, I did. Because I think the reason for it doesn't exist anymore. That's because, maybe I'm exposed to two cultures.

On the other hand, despite the present emphasis in Western medicine on abstinence from any form of medication during pregnancy, several informants followed their elders advice and took Chinese herbs. Chinese herbs are important from a symbolic perspective as well as from a physical perspective. They are frequently taken on the advice of an elder and are bought in Chinatown from Chinese herbalists. They are very much "a Chinese thing to do" and as such confirm and reaffirm ethnicity.

While it is possible that variability could be explained partly by the process of immigration and acculturation, I do not believe that immigration can be considered to be the primary cause for variation in this ritual, as suggested by Sargent, Marcucci & Elliston (1983) and Singh Bhopal (1981).

Interviews with elderly Chinese women reveal a picture of a ritual with considerable diversity and flexibility.[17] Although they discussed the ideal pregnancy and postpartum beliefs and practices at length, they seemed to be unconcerned when it was pointed out that the younger Chinese women, including their own family members, are not carrying out the ritual as they describe it. The following is an extract from one of these interviews:

> E: Does it make you worried that your daughters are not doing these things?
>
> I: No, no

Later, when asked if they worried that their role in childbirth is diminishing and that of the doctors increasing, they stated the following:

> I: No need to worry.
>
> E: So you don't worry?
>
> I: No.
>
> E: Does "Mrs Wang" worry?[18]
>
> I: [following translation] Everything is, everyone is good, no worry.
>
> E: So you don't have to worry? It's alright if there is a doctor?
>
> I: Yes, yes.

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[17] Although it was not possible to draw firm conclusions, diversity was also apparent in the practice of the childbirth ritual in China. For example the length of the ritual varied between individuals. Some practiced it for ten days, others for closer to a month.

[18] To emphasize that informants' names have been changed they are presented in quotation marks.

When questioned about their own practices, it became obvious that they and their families had not followed all the rules either. For example, none of them were supervised by their mothers-in-law: two were taught by their mothers and one by her great-grandmother.

Although informants admitted to having been influenced by Western ideals and contact with non-Chinese people, they all see themselves as Chinese. They have, at some level, a perception of themselves as members of a distinct separate community which "does things differently". Although the question of what it means to be Chinese was not directly addressed, my discussions with informants suggest that being Chinese implies special responsibilities to family members and self, among other things. For example, family expectations appear to be an important factor in decision-making, as illustrated by the following quote:

> Talking about [us] as an immigrant group to a new country, particularly the ones who have quite a bit of educational background. You'll find yourself a lot of times in a mixed situation, mixed feelings what to do the best for the family. So I find that, normally speaking in most Chinese orientals that actually have an education here from Canada, you will find that first of all you have the taboo kind of situation, as far as what your family expectation [is] of you, particularly from grand-parents and your own immediate Mom compared to what you believe.

Another informant stated the following:

> I: It's just to their attitude towards you now, it would be like "Oh she doesn't listen anymore, or she disobeying, she's not, you know respecting us".
>
> E: So that would make them feel sad?

I: Well, kinda sad, yet anger [sic] at you. Because, you know, you're disobeying your elders and you're not supposed to, you know you're supposed to respect your elders.

E: So the respect part is very important? Some of this is to show respect also for parents?

I: Right.

Although the majority of informants in this study live in nuclear families (the exceptions are the three elderly women who live in an apartment block for elderly Chinese people), family ties for most have remained close. Familial factors will be discussed at greater length later in this chapter in a section on motivation to participate in the ritual and the symbolic importance of the ritual.

7.1.2 Regional Differentation

Regional differences are often used in the anthropological literature to explain variation (Manderson:1981). They were also used as an explanation by informants, as illustrated by the following quote:

I: Every province in China has a different culture.

E: Which part of China are you from?

I: From Canton (Gwongjau, Gwongdong Province).

E: Canton, yes.

I: The only thing we believe in eating aged is the pickled pork hocks and the ginger root, O.K. whereas I guess if you speak to somebody from other provinces or Taiwan they might, would have told you different.

Another informant had this opinion:

> They differ so much from area to area what they practices [sic], what they think.

A regional profile of the informants in this study is particularily interesting. As discussed in chapter two, all informants or their parents, with the exception of two who originate from Hong Kong and Harbin, originate from the countryside surrounding Canton (Gwongdong province).[19] There are some noticeable differences between the two groups' description of "the month". For example, ginger, which is one of the most important prescribed foods eaten by the rural-based informants, was not in the repertoire of practices of the urban-based informants.[20] Undoubtedly, variations such as this can be explained in part by food availability and by adaptation to local resources. However, the fact still remains that the majority of informants were from approximately the same area, and yet showed considerable diversity in the beliefs and practices surrounding childbirth.

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[19] Although a number of informants spent time in Hong Kong before coming to Canada, I consider the place of origin of their parents and parents-in-law to be of particular importance as it is their mothers, mothers-in-law or aunts who have taught them the beliefs and practices surrounding childbirth.

[20] Informants interviewed in the Beijing area reported that ginger is not eaten in that area either.

7.1.3 Familial Variation

It has been suggested that nutritional variation in postpartum practices are familial (Wilson:1970). Individuals within a family experiment with or adapt a practice which then becomes part of the passed on repetoire of behaviours. As illustrated in the previous chapter, my data supports familial factors as an occasional cause of variation. However, this explanation cannot be used to fully explain variation. For example, three of the informants in my study belong to the same extended family. The two younger women were taught and supervised during the month by the older woman (their relationships are mother/aunt and daughter and niece). All three exhibited differences not only in the practices they subscribed to or carried out, but also in their belief systems. For example, "Mrs. Wang" stated that it was acceptable to sew during pregnancy while her daughter "Joan" believed that it was not. "Joan" did not eat Chinese cabbage (Sui-Choi) during pregnancy while her cousin "Susan" had never heard of this observance. While "Mrs Wang" believed that a pregnant woman must not drink Seven-Up, this belief was quite foreign to "Joan" and "Susan".

Another reason cited by an informant to account for variation relates to the religious practices of a family. This informant suggested that the childbirth ritual will be different if a family actively practices Buddhism or a

Christian religion as opposed to the practice of Ancestor Worship.[21] The following illustrates this belief:

> I: You will find that there will be differences in practices and beliefs as well, based on the ancestors.
>
> E: Yes.
>
> I: What they had believed in the past.
>
> E: Based on what your grandparents and great-grandparents?
>
> I: That's right, also based a lot of time on religious beliefs, let's say some of them are Buddhism [sic], in fact the majority are Buddhists, you know, but some of them only actually give thanks and pray to their own ancestors. Ancestors are god's, so that will dictate also a lot of those beliefs and practices.
>
> E: Yes, yes. Was any of that in your family? Were ancestors very important?
>
> I: I, well, because I come from a very Western family, that, my parents have always been Catholics, even since I was a child. So I don't have that kind of belief. So, I'm sure if you talked to somebody else it would be different. "Peter's" [her husband] family believed in their ancestors, so a lot of their cultural practices all dated back to what her [his] great-grandparents tend to do in those old, old days.

While I am sure that religious factors are evident in some women's practice of the ritual, other than this statement, they do not appear to play a role in my data.

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[21] It should be noted that while Buddhism and Ancestor Worship are frequently not mutually exclusive, this informant presented them as such.

7.1.4 Methodological Approaches

Methodological approaches adopted by researchers undoubtedly have a part to play in the debate over variability and the separation between ideal and actual behaviour. As Laderman (1983) states:

> We recognize the frequent divergence between stated belief and actual behaviour in our culture, and even celebrate our awareness with a common admonition to children: "Do as I say, not as I do". Can we assume that tribal and peasant peoples' thought processes are so much simpler than ours that they translate beliefs directly into action without the intervening steps which we, ourselves, employ for flexibility of interpretation and rationalization of behavior? Such an assumption can only proceed from ethnocentric bias (1983:210).

I believe Laderman's remarks to be applicable to the majority of research on childbirth rituals. As discussed in chapter two, issues relating to variation and separation between ideal and actual behaviour are rarely addressed in the literature on the ethnography of childbirth. I suggest that three main explanations can be provided to account for the lack of research on interpersonal diversity and the separation between ideal and actual behaviour. Ethnocentricity has long been, as Laderman's remarks point out, a feature of anthropological analysis. There is a long history of separation between "us" (anthropologists) and "them" (informants) within anthropology (Asad 1973; Ulin 1984) because anthropology developed largely within a colonial context. This ethnocentricity, I suggest, has resulted in ethnographies which present people not only as homogeneous but also as slaves to tradition.

As Laderman states:

> A vulgar literal translation of a peasant peoples's words is symptomatic of an equally simplistic reading of their culture. A lack of appreciation of their complexities of thought can lead to the error of believing, that, unlike ourselves they follow traditions, blindly, come what may (1982:211).

The second factor is, I believe, a desire on the part of anthropologists to present their data in a manner which they perceive to be orderly and cohesive. A ritual that abounds with diversity and separation between ideal and actual behaviour is difficult to summarize and analyze. Furthermore, it goes against the usual grain to portray a ritual as highly variable and rule manipulated. The final contributing factor to the lack of an adequate theoretical perspective on variability and its appreciation is analytical. A common anthropological approach to a ritual that is performed with considerable variability and separation between ideal and actual behaviour is to view these phenomena as inevitable results of the process of change and/or disintegration. It is easy to see why this happens, given the conventionality of ethnographic writing (Pratt 1986). If most anthropologists present their data as homogeneous, then the presence of diversity is considered abnormal. Such an approach is not only ethnocentric but also reductionist and often inaccurate, as my data suggests. While there are clearly elements of change, the Chinese childbirth ritual is not in the process of disintegrating.

7.2 "RULES TO BREAK RULES"

As Douglas (1970) and Laderman (1983) argue, a feature of restrictive rituals is the offically sanctioned use of "rules to break rules". "Rules to break rules" are not randomly selected but are acceptable rule-governed ways to get around restrictive observances and prescriptions. In the Chinese ritual it is believed that not adhering to the practices during pregnancy could have an effect on the health of the unborn child. For example, sewing could damage the baby's head, painting could cause birth marks, moving furniture could disturb the baby's spirit. Not adhering to the postpartum practices could have an effect on the future health of the mother, especially in relation to menopausal problems. For example, exposure to wind or taking a bath during "the month" could cause headaches and other aches and pains. It is of relevance to note that of the six tables (3,5,7,9,9(a),10) in the preceeding chapter which summarize prescribed behaviour, five of them (3,7,9,9(a),10) demonstrate minimal separation between ideal and actual behaviour. On the other hand, considerable separation is evident in tables (1,2,4,6,8) which summarize observances. This discrepancy, I suggest, can be explained by two factors. First, rules that are more restrictive and difficult to follow display greater separation between ideal and actual behaviour. For example, "don't move furniture during pregnancy", "don't get caught in a draught or drink

cold water during the postpartum period". Second, rules that conflict more with Western ideas and biomedical thought are less frequently adhered to. For example, "don't bang or repair broken objects during pregnancy", "don't eat fruit or vegetables during the postpartum period". These explanations are further supported when table 5 is considered. Table 5 lists activities prescribed during the postpartum period. These activities, such as, "staying in bed", are restrictive and at varience with Western beliefs. In addition to two examples of greater and lesser rules, table 5 also demonstrates considerable separation between ideal and actual behaviour. For example, there are three variations regarding the length of time to "stay in bed" and two regarding the length of time to "stay at home".

Clearly, there is a long history of "rules to break rules" in this ritual which helps to explain the lack of concern reported when the ideal was not adhered to. For example, under the heading "don't wash hair for one month", expressed by most informants as the ideal, it is obvious that this rule is frequently modified. As one informant stated, "you should never wash your hair during confinement, especially, not during the first week". Although childbirth is considered to be "women's business", one informant reported that her father played the role which is usually played by the mother-in-law or mother. When questioned why he played this role, she stated that he knew more than her

mother. He had also played this role when his wife was pregnant, as at that time they had no family members in Canada. Another informant stated that although this is opposite to what is considered to be the norm, she was also aware of men who had played the "mother-in-law's" role.

Breaking the rules does not appear to cause undue concern unless a health-related event occurs whose cause can be attributed to a violation. For example, one informant who did not adhere to one of the practices expressed concern that her violation had had an impact on the health of her baby after birth:

> I: Duckling is considered [to be] one of the foods that is a poison, in a sense that when you eat it, either yourself or the child, you know when they will come out they [it] will have some kind of a bearing on the child, and I can quote you an experience. Because I was told not to eat barbequed duck, at the time I didn't follow my mother-in-law's advice and I ate it. Postpartum my child came out and about two or three months down the road she started having a little bit of a pimple or blister on the face. At that time I didn't think much of it and it just sort of disappeared. Then before you know, it had become an infantile cyst, a little lump inside the skin. I took her to a pedriatrician and they said "there's really not much you can do about it, leave it alone if it doesn't bother the child, if it does we'll take it off". Yet, mother-in-law really quite insisted that it was because I ate duck.
>
> E: Did you believe that? what did you think?
>
> I: I don't know, you can say it's a coincidence or you can say she is just being very superstitious, you can't help thinking that, gee, maybe I had done something not good.
>
> E: Did you feel guilty?
>
> I: Yes I felt guilty about it.

Another informant who claimed that she didn't pay any attention to these beliefs followed her mother-in-law's advice and put off moving to a new house until after her baby was born. Moving house during pregnancy is considered to be unlucky and could cause the baby to be born with deformities.

In relation to the belief that violation of "the month" will cause future health problems,[22] most informants, while generally espousing this idea, did present uncertainty regarding future consequences. As one informant stated:

> I: All those illnesses and problems with gynecology will come up then [menopause].
>
> E: Do you have an experience of that being a reality?
>
> I: My older aunt that have gone through this period of time and have not followed it, they told me, yes, who am I to believe it? Is it because of the fact that it is associated that way, or is there any truth to it - I don't know?

Another informant, who is now suffering from aches and pains, wished that she had stayed at home during "the month". Although this perspective was expressed by the majority of informants, it was not expressed by all. Some informants did not believe that violation of "the month" would have any impact on their future health. The majority of informants stated that to a greater or lesser extent they believed that violation could cause future health problems. In a discussion on variation and separation between ideal

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[22] What is defined as the future varies. To some informants it means menopause; to others it means any time after "the month".

and actual behaviour, one informant suggested that the only shared feature of the ritual is the belief that violation of "the month" will cause future health problems. At an earlier stage of my research, I was also of this opinion. However, it is not as clear-cut as this. Discussion with some informants revealed conflict. The belief that violation of "the month" will cause future health problems has a long tradition and is constantly reinforced by the older generation. On the other hand, exposure to Western medical beliefs and life in Canada has provided another perspective. While four informants stated that they did not believe that violation of "the month" would cause future health problems, no one was willing to dismiss the old ideas entirely. As illustrated by the previous quotes, there was always the feeling of "what if...". While fear of future health problems may not be a constantly shared cognitive category, it is obviously a powerful force in motivating some level of participation.

A common feature that runs through the data on how individuals make decisions is the relationship of decision-making to individual circumstances. Choices were made which were congruent with the lifestyle of informants. For example, the presence of a mother, mother-in-law, or other relative to advise and assist during "the month" did have some influence on informants' decision-making, as illustrated by the following comment: "I couldn't really

have done it, I had no one to help me and I was so busy". However, this argument was not consistent. Some informants who had people to assist rejected the advice; as one informant stated: "She, (her mother-in-law) said some things, but for me, I don't care" (laughs).

Neither was decision-making or rule-manipulation consistent with age or number of births. Although the youngest informant did adhere most rigidly to the practices and admitted to have been influenced by her parents and in-laws, it was not possible to predict behaviour from age. Two older informants paid less attention to the ritual during their first pregnancy and birth than during their second. As one of them commented, "I was younger then, I didn't believe in anything". The other informant carried out a greater proportion of "the month" with her second child because she felt better than after her first birth, and she was less stressed so she had more time to think of and follow the prescriptions. Additionally, she admitted that she might have been influenced, to some extent, by my study.[23]

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[23] A close friend, she has played an important role in my research by both introducing me to other Chinese women and by answering the many questions that arose on a day-to-day basis.

7.3 ORGANIZATION OF DIVERSITY MODEL

While I agree that some of the variability in the Chinese ritual can be explained by immigration and adaptation to a new environment, family responsibilities, and regional or familial differentiation, ultimately I believe that a cognitive explanation, such as Wallace's, can best explain the interpersonal diversity evident in this ritual. In the following I will expand on this perspective and outline, by citing some components of the childbirth ritual as practiced by informants, why I believe that Wallace's model provides the best explanation for my data.

Interpersonal variation, viewed from the perspective of Wallace's mazeway model, can be understood and accepted as a normal element of any ritual. As Wallace states:

> The human organism is creative: it selects, rejects, seeks information, thinks, makes decisions, and ultimately modifies the systems of which it is a part (1961:22).

Wallace's model provides a viewpoint by which diversity can be seen as a normal part of human life. As Wallace states:

> Mazeway is to the individual what culture is to the group. Just as every group's history is unique, so every human individual's course of experience is unique. As a product of this experience, every human brain contains, at a given point of time a unique mental image of a complex system of dynamically interrelated objects. This mental image - the mazeway - includes the body in which the brain is housed, various other surrounding things and sometimes even the brain itself. It consists of an extremely large number of assemblages or cognitive residues of perception and is used by its holder as a true and more or less complete representation of the operating characteristics of a "real world" (1961:15).

As discussed in chapter two, Wallace considers the mazeway to be like a map of a large maze with a complex key and many insets. The three types of assemblages discussed in chapter two are - (1) goals and pitfalls; (2) the "self" and other objects; and (3) ways. All of these assemblages include a large number of phenomena. For example, values can be subdivided into (a) positive organic values such as breathing, eating and sleeping among others; (b) positive symbolic values such as testimonials of love, admiration and respect from human objects among others; (c) altruistic values; and (d) negative values. The two other major types of assemblages, objects and techniques, are also subdivided many times. These phenomena can be organized into an almost infinite variety of sequences. As Wallace states:

> From the standpoint of the individual maze-way holder, however, all these phenomena normally constitute one integrated dynamic system of perceptual assemblages. Within this system, self and nonself interact according to predictable (if more or less idiosyncratic) "laws" (1961:19).

From the mazeway point of view, it is not difficult to understand why diversity exists in the practice of the childbirth ritual. Each person's individuality and experience negates the possibility of the ritual being preformed homogeneously. Individuals have different values, goals, self images, environments, experiences, etc. Even if so motivated, it would not be possible for individuals to carry out the ritual homogeneously.

Considering the diversity in the Chinese childbirth ritual, it would seem reasonable to ask why this ritual continues to be practiced and what significance it has for those who practice it. Wallace suggests that once people initiate certain expected behavioural systems, for example a feast or, as in this case, a ritual, the behavioural systems continue to exist because the individuals form contractual relationships. Wallace states:

> We may say that as any set of persons establish a system of equivalence behavioural expectancies, an organized relationship comes into existence. Such a system of equivalent mutual expectancies may be termed an "implicit contract" in the general sense of the word "contract" (1961:36).

Society is built upon continously changing social contracts which exist only because humans have cognitive facilities that allow for maintenance and renewal. If this perspective is applied to my data, the ritual can be viewed as a contractual relationship based on complementarity of cognition and motives. Although the motives for the practice of the ritual may be diverse, the ritual itself exists by means of contractual relationships which involve certain elaborated mutual experiences. According to Wallace:

> The relationship is based not on a sharing but on a complementarity of cognitions and motives. Marital relationships, entry into an age grade, the giving of a feast - in all such contracts the motives may be diverse, but the cognitive expectations are standardized. Thus the relationship between the driver of a bus and the riders is a contractual one, involving specific and detailed mutual expectations. The motives of drivers and riders may be as diverse as one

wishes; the contract establishes the system (1961:36).

7.4 MOTIVATION AND SYMBOLIC IMPORTANCE

Although Wallace's theory can be applied to explain diversity and how the childbirth ritual persists, his explanation does not address motives or the symbolic significance that a ritual has for its adherents. In the following section, I will discuss some of the reasons why informants participate in the childbirth ritual and its symbolic importance.

Despite diversity in individual rationale for participation and perceived significance attached to the ritual five common themes recurred throughout interviews with informants.

As outlined earlier in this chapter, family responsibility is considered to be an important factor in encouraging participation in the ritual. Informants mentioned the long Chinese tradition, based on Confucianism, of fulfilling family duties. Childbirth continues, as it does in most societies (Kay 1982), to be a family concern. Young women are obligated to fulfill certain expectations held by their elders. These expectations, as well as showing respect to elders, are also considered by the elders to be necessary for family well-being. Responsibility for well-being has traditionally been held by the elders. Some

informants reported that their families continue to hold these beliefs. Alternatively, others reported that this was not so, or was less rigid than in the past. One informant stated that she believed that the older generation are happy to relinquish some of the responsibility for their daughters', daughters'-in-law and grandchildren's health. This statement was verified by her mother when she was independently interviewed. It does not mean that mothers and mothers-in-law have given up their role. Rather, they are no longer solely responsible for the health of the suceeding generations. This role is now in the hands of doctors and other health-care professionals.

Responsibility towards families and a desire to do things in the Western way are apt to generate conflict. Most informants admitted that their degree of participation in the ritual had a relationship to their families' beliefs about the ritual and whether or not their mothers or mothers-in-law were present during their pregnancy and, in particular, during "the month". Those who did not participate to any great degree in the ritual reported that they were constantly reminded by their elders of the appropriate behaviour and the risks of neglecting it, as illustrated by the following quote:

> Everytime I ask my Mum, I said "well how come Westerners don't have that kind of problem?" And she said "you are Chinese and they are Westerners and that's where the difference is".

As well as generating conflict, family obligations also generate internal conflict for informants. Wanting to be seen as "modern" Chinese women by others and by themselves, family obligations play a role in thwarting this image. As Goffman (1967) states:

> When an individual becomes involved in the maintenance of a rule, he also tends to become committed to a particular image of self. In the case of his obligations, he becomes to himself and others the sort of person who follows this particular rule, the sort of person who would naturally be expected to do so (1967:50).

If the role is imposed (to a greater or lesser extent) and the perception undesired, conflict is likely to arise. This, I suggest, is one of the reasons for the ambivalence expressed by some informants towards this ritual.

The second reason that encourages participation in the ritual is, as discussed earlier, the fear that violation could cause future health problems. Everyone knows someone who has health problems which can be attributed to poor practice of "the month". As one informant who followed most of the pregnancy and "month" rules stated:

> I: I find myself finding that weather doesn't bother me and with my sister-in-law once in a while she'll say she has, you know, her joints are sore
>
> E: Right.
>
> I: And then you'll hear the same, the same old thing "See Mum told you not to go and do this and not to go and do that".

The type of health-related problems that a woman who violates "the month" is prone to experience are diverse.

They range from aches and pains to severe menopausal problems. As direct links between cause and effect can never be established, the magnitude of uncertainty is unsettling. To neglect "the month" leaves one open to reproach on an ongoing basis from relatives; it also leaves one open to self admonition.

Guilt avoidance was mentioned by several informants as a motivating force to encourage participation in the ritual, as illustrated by the following quote:

> I: What if, there is always that, what if...
>
> E: Right.
>
> I: You know if you did this and this happened and then when you gave birth something was wrong, then you're to blame, no one else is, because if you didn't follow the superstition of the tradition, also if things went wrong then you're the only one to blame.

Another informant who only minimally participated in the ritual mentioned in conversation several months later that she felt guilty that she had neglected the traditions surrounding birth. It is of relevance to mention that this informant participated to a greater extent in the ritual following the birth of her next child. The use of guilt is obviously a means by which the older generation attempts to reinforce the ritual, as clearly illustrated by the example given above of one informant who ate duckling and her child got a pimple. Guilt is also a self-motivating force. Informants who did not have relatives to supervise them

closely were still not free to cast aside the ritual. The threat of future misfortune, the disapproval of relatives and other members of the Chinese community and the long-held knowledge that this is what a Chinese woman does, remain powerful motivators.

A fourth reason for participating in the ritual is efficacy. Informants demonstrated little uniformity in terms of which aspects of the ritual were perceived to be efficacious. In general, informants believed that parts of the prescriptions relating to staying at home and resting for one month were beneficial to them. Aspects of the nutritional component were also believed to be beneficial, although the degree of emphasis placed on different parts of the component varied among informants. For example, one aspect of the nutritional component of the ritual, eating "Chicken Wine", was stressed by almost everyone. Another aspect of the nutritional component, the prohibition on eating fruit and vegetables, was strongly questioned by some informants while it was closely followed by others. As one informant stated:

E: Did you eat vegetables?

I: Yes, I did.

E: You did, yeah.

I: 'Cos, like, see, that was a belief that you should never touch vegetables, but I didn't believe in that. I can't see the harm in eating it (laughs) and as a matter of fact I told my mother, if I don't have it I'm gonna have problems with my bowel movement.

E: Yes, yes.

I: And she knew I had, I had an operation with the first one, so she knew. So I never stay away from vegetables, neither do I stay away from fruit.

Another informant put it this way:

E: Vegetables, you can't eat, is that right? Vegetables are cold.

I: Fruits and vegetables are absolutely "no".

E: Why?

I: How can I put this, fruits and vegetables don't help your blood, to replenish your blood. So therefore they're saying it's no good for your blood and this way you'd be weak and here you're caring for a new born, so you should be strong.

The final factor of significance in this ritual is the question of ethnic identification. The sense of being Chinese not only encourages participation in the ritual but also has a role to play in imparting meaning to the ritual. However, there was no general agreement. For example, the symbolic content of the ritual was strongly contested in one of the group interviews. Although there had been considerable diversity expressed by informants in this interview relating to the practice of the ritual, they all agreed that the ritual does not have symbolic significance for them. Rather, it is done to please parents or to avoid future health problems or guilt. Alternatively, other informants believed that the childbirth ritual is something that Chinese women do because they are Chinese, in other words it confirms ethnicity. As such, it is a rite of passage that allows one to move in the appropriate fashion

safely from one stage of life to another. In one informant's words:

> It's always been a woman's kind of thing, that you learn it as you grow up as a teenager, that those are the things to understand and to do.

The same point was also expressed by another informant:

> E: Did you know about these things growing up?
>
> I: Yes, I did.
>
> E: And they were things that you were expecting to do?
>
> I: Right.

I feel that my status as a non-Chinese reseacher made it difficult for me to obtain data relating to ethnicity and symbolic content. Whereas I did not find it difficult to get informants to discuss their practice of the childbirth ritual, they did not freely discuss what the ritual means to them as Chinese women. This may be related to conflict and ambivalence on the informants' behalf, or it may be related to a sense that I got of informants' downplaying the ritual and their performance of it. I suggest that downplaying may have occurred most strongly in relation to questions regarding symbolic content. Informants may feel that the childbirth beliefs and practices are "old fashioned" and, wanting to be seen in my eyes (and in their own also) as "modern" Chinese women, they perceive that they paid little attention to the ritual and that it has little meaning for them. Alternatively, the meaning that a ritual has for its

adherents is not always easily articulated. For example, some informants may not have previously considered the symbolic content of the beliefs and practices surrounding birth. As Sperber (1975) states:

> a complex symbolic system can work very well without being accompanied by an exegetic commentary (1975:18).

To conclude, there are elments of the childbirth ritual in the Edmonton Chinese community which are more or less commonly shared, such as responsibility to family, relationship to future health and reaffirmation of Chinese ethnicity. However, my research presents a picture of a childbirth ritual which, while practiced with considerable variation, is manipulated with the aid of "rules to break rules" and is not symbolically unified. Furthermore, although it is undergoing some changes, this ritual is not in the process of disintegration. Rather, it is carried out with behavioural and symbolic variability, which, I argue, may always be apparent provided anthropologists are prepared to look for it and, thereby, escape the temptation to present their informants as homogeneous.

The main findings of the thesis are summarized in the following chapter.

Chapter VIII

CONCLUSION

The purpose of this study was to examine the question of interpersonal diversity and the difference between ideal and actual behaviour in the context of a childbirth ritual. A series of personal interviews were conducted in the Chinese community in Edmonton between September 1987 and April 1988, and in China in November 1987. The literature on (a) the ethnography of childbirth; (b) the separation between ideal and actual behaviour; and (c) interpersonal variation was reviewed. Particular emphasis was paid to A.F.C. Wallace's organization of diversity model to explain diversity; and to the theories of Laderman (1983), Burling (1972), Frake(1961) and Douglas (1966) to explain separation between ideal and actual behaviour. Before proceeding to the analysis of my fieldwork data, a historical review of Chinese immigration to Canada was presented. I also reviewed Chinese medical theory and its relationship to the beliefs and practices surrounding childbirth. In the final section of this thesis, I examined my data findings in the context of (a) the literature on rule manipulation relating to separation between ideal and actual behaviour, and (b) Wallace's organization of diversity model.

In reviewing the theoretical perspectives on childbirth, major problems were identified. First, little attention has been paid to providing an analytical model for separation between ideal and actual behaviour. Furthermore, anthropologists have frequently presented beliefs and practices surrounding childbirth as shared homogeneous entities that are uniformly carried out. The resulting image is of a highly-organized, rigidly-adhered to ritual which allows for little variation or separation between ideal and actual behaviour. Alternative approaches suggested by Wallace (1961), Laderman (1983), Burling (1972), Douglas (1966), and Richards (1969) were reviewed. Wallace's organization of diversity model was emphasized as a theoretical framework within which to examine my data on interpersonal variation. According to the theoretical perspectives on separation between ideal and actual behaviour, as presented by Laderman (1983), Burling (1972), Frake (1961) and Douglas (1966), the ideal provides the basic "script"; whereas people, constrained by the realities of daily life and the changing nature of systems of meaning, manipulate, interpret and improvise. Interpretation, manipulation and improvisation is frequently done by using "rules to break rules".

Following a review of Chinese medical theory and its relationship to the beliefs and practices surrounding childbirth, it was concluded that the observances and

prescriptions of the childbirth ritual were better understood when viewed from the perspective of Chinese medical theory. Of particular importance to the childbirth ritual are the humoral beliefs relating to the hot/cold dichotomy. Pregnancy and postpartum observances and prescriptions are based on this division. However, life in Canada and Western influences have complicated the picture. Some aspects of bio-medical thinking have been accepted and integrated into the ritual, such as skepticism regarding the relationship between moving furniture and harming the foetus. Other aspects, such as beliefs regarding avoidance of medication during pregnancy, have been less well accepted. Conflict exits between Eastern and Western ideas. Rule manipulation, separation between ideal and actual behaviour, and inter-generational conflict, although evident in the past, have undoubtedly become more apparent in the younger generation.

The main fieldwork findings were documented in chapter six. Data were classified under two separate categories: (1) pregnancy observances and prescriptions; and (2) postpartum observances and prescriptions. The findings revealed a picture of a childbirth ritual which was performed with considerable interpersonal variation, both intra-domain and inter-domain; and which was manipulated with the aid of "rules to break rules". The data highlighted certain behavioural patterns. For example,

restrictive prescriptions and observances which had a "spiritual" basis and/or were in strong opposition to Western thinking showed considerable divergence between ideal and actual behaviour. Interpersonal variation was evident in all tables, with the data revealing both inter-domain and intra-domain variation.

The rationale for interpersonal variation and the separation between ideal and actual behaviour, as suggested by anthropologists and informants, was critically examined in chapter seven. Immigration and adaptation to a new environment, family responsibilities, regional and familial differentiation appeared as contributing factors to variation. However, these factors by themselves were shown to be inadequate in accounting for interpersonal variation or capable of only accounting for a small amount of variation. Wallace's organization of diversity model was shown to be a more appropriate framework to interpret the diversity evident in the Chinese childbirth ritual. If, as Wallace suggests, each individual has her/his own cognitive map, then it is to be expected that any ritual will demonstrate variability. Each individual, because of unique human experiences, have different beliefs, values, and perceptions of her/his responsibilities which influence her/his decision-making and practice of the ritual. In relation to separation between ideal and actual behaviour, it was concluded that a feature of restrictive rituals is

the officially-sanctioned use of "rules to break rules". The lack of concern expressed by informants in relation to rule breaking was considered to be further evidence of the fact that this ritual has a long history of rule manipulation.

Although I have clearly demonstrated the necessity of including cognitive variability models in the analysis of childbirth rituals, the conclusions derived in this study are based on a small sample of informants which should be considered before any attempt at generalization is made. In addition, the data in this study were self reported by informants. With the exception of one informant, who is a close friend, behaviour was not observed. Not observing behaviour had the effect of distancing me from the data and negating the possibility of employing a variety of data gathering techniques, such as direct observation and the use of audio-visual equipment. Furthermore, it placed both informants and myself under considerable pressure during interviews to try to "cover all angles". Another shortcoming of this study relates to the use of the concept ideal behaviour. In this study ideal behaviour included behaviours or rules that informants believed as well as those that they knew to be the ideal but did not necessarily believe. This problem, which is also evident in the literature on separation between ideal and actual behaviour, suggests the need for a more precise definition of this concept.

The final shortcoming concerns feminist scholarship. It is common in feminist research to present only "the woman's view". This perspective is understandable when the limited role that women have played in generations of ethnographies is considered (Quinn 1977; Watson & Watson-Franke 1985). Wanting to "put women in the picture", feminist anthropologists have frequently neglected to study the complex inter-relationships between the sexes. With a body of anthropological literature on women's lives amassing, I feel that it is necessary to begin addressing issues of gender relations rather than simply women's issues. While I believe that I am justified in presenting the women's view of the Chinese childbirth ritual, I feel that this study lacks a male perspective. Although this ritual is primarily the realm of women, I became aware in the process of fieldwork that there is a male point of view. This awareness, combined with past trends in the anthropology of women, clearly indicates the need for further studies.

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Appendix A

Mazeway Map

1. Values (images of situations associated with pleasant or unpleasant feeling-tone).

A. Positive Organic Values

1. Eating and drinking.
2. Sleeping, rest, relaxation, absence of discomfort or bodily tension.
3. Sexual satisfaction.
4. Optimal temperature maintenance.
5. Elimination of wastes.
6. Breathing.

B. Positive Symbolic Values

1. Testimonials of love, admiration, and respect from human objects.
2. Enactment of behaviour-sequences satisfying "in themselves"
   (for example, a game or sport, conversation, meditation),
   or satisfying because they are instrumental to other values.
3. Presence of objects associated with organic and symbolic consummations (including human and non-human objects)

C. Alturistic Values (images of situations in which the primary and secondary values of others are satisfied)

D. Negative Values (associated with pain, discomfort, anxiety): the reverse of consummations outlined above

II. Objects (images with associations of animate and inanimate objects)

A. Self

1. Body image

(a) surface of body

(b) bodily adornment (clothing, cosmetics, perfume and so forth

(c) organs and organ systems

(d) prostheses (for example, false teeth, wooden leg [prosthesis])

(e) defects or injuries (for example, "weak back", "shortness of breath")

2. Self image.sk 1

(a) physiological processes (for example, digestion, sexual drive)

(b) psychological process (nature of thoughts, dreams, emotions, and so forth)

(c) personality (characteristic impulse and action patterns recognized in self)

(d) evaluation (for example, good-bad, strong-weak) of parts or whole

(e) conception of the soul

B. Human Environment

1. Particular persons

(a) values of others

(b) characteristics of behaviours of others (in relation to self and others)

2. Classes of persons

(a) particular classes defined (for example, on basis of residence, kinship, race, political affliation, wealth, and so forth)

(b) values and characteristics of classes (in relation to self and others)

3. Sociocultural Systems as a Whole

C. Nonhuman Environment

1. Animals

2. Plants

3. Tools and equipment ("material culture")

4. Natural phenomena (for example, fire, weather, topography and terrain

5. Natural systems as a whole

D. Supernatural Environment

1. Particular supernaturals (for example, ancestors' spirits, deities, ghosts, demons and so forth)

2. Classes of Supernaturals

3. Supernatural Processes (for example, mama and taboo, witchcraft, and magic)

E. Statements of How Entire Sociocultural, Self, Natural, and Supernatural System Works

111. **Techniques (images of ways of manipulating objects in order to experience desired end-states or values)**

A. Techniques Themselves (an extremely large number of interlocking and alternative statements of "what to do when...")

B. Priority Systems Among Values (statements of which to enjoy first, or which to do to the exclusion of something else)

C. Priority Systems Among Techniques (statements of which techniques to use in order not to obstruct use of another, or the attainment of some other value).

(Wallace 1961:16 - 18).

Appendix B

Guideline of Questions Asked in Interviews

1. Informant's practice of the childbirth ritual:
   (a) pregnancy,
   (b) postpartum, including timing and duration.

2. How did she learn about the childbirth ritual? Who taught her?

3. Did anyone assist her during the ritual? If so who, how and when? What type of relationship did/does she have with her assistor? What type of role did her assistor play (permissive, dictatorial, etc).

4. Why are the childbirth practices and beliefs important? Why are they necessary?

5. Informant's attitude to the ritual (personal feelings).

6. Do men know of the ritual, do they have a role to play in its practice? What is their attitude towards the ritual? What is her husband's attitude towards the ritual?

7. Did her doctor know that she practiced the ritual? If so what was her/his attitude? Did the nursing staff at

the hospital she gave birth in know that she was practicing the ritual? If so what was their attitude? Is it important that these people know?

8. Does she have friends who practiced the ritual? Does she have friends who did not practice the ritual? If not why not?

9. Are there midwives/doctors who specialize in the ritual living in Edmonton?

Appendix C

Occupational Profile of Informants

At the time of interview the informants in this study were working in the following occupations:

- 3 homemakers (all of whom have previously worked outside the home)
- 2 students (1 part-time undergraduate, 1 full-time graduate)
- 1 social worker (registered)
- 1 dietitian (working in a hospital)
- 1 administrator (working for City of Edmonton)
- 1 factory worker (leather factory)
- 1 employed in family dental practice
- 1 employed in postal service

The three elderly informants are all retired.